Chapter 15

Medical Examinations

Chapter 15
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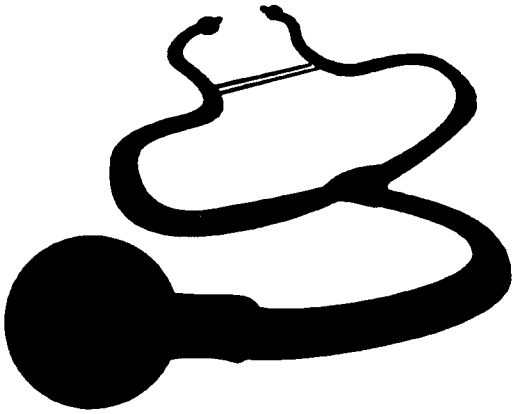


Section I
INTRODUCTION

15-1 Scope and Purpose of Medical Examinations

(1) Physical standards provide uniform medical parameters and interpretation of physical qualification for: initial entry, mobilization, retention, assignment to special duties, and training programs which lead to enlistment and commissioning. The purpose of the examination is to identify physical defects and psychological problems which would compromise a member's ability to perform duties normally assigned. The standards are intended to preclude acceptance of those individuals who present contagious or infectious hazards to other personnel; those who would be unable to perform assigned tasks; or those with conditions likely to be aggravated by naval service.

(2) Depending upon the needs of the naval service at any given time, these standards are subject to change.

(3) Section II provides a general overview of the more common examinations conducted. Section III sets forth the general physical standards for entrance into the naval service. Section IV sets forth the standards for special duty assignments. Section V provides guidance for requesting waivers of physical standards.

15-2 Responsibility for Prescribing Standards

(1) Entry standards apply in determining physical qualification for basic service. The Department of Defense (DoD) establishes the standards for entry into military service (DoD Directive 6130.3). The Secretary of the Navy (SECNAV), with the approval of Secretary of the Defense (SECDEF), may issue exceptions to those standards to meet service specific needs.

(2) Mobilization standards for induction of civilians have been established by the joint services directive Army Regulation 601-270/Air Force Regulation 33-7/OPNAVINST 1100.4/MCO P1100.75 series. SECNAV establishes standards for mobilization of members of the inactive Navy and Marine Corps Reserve.

(3) Standards for retention address the ability of a member in the naval service to perform present or expected future duties according to the member's rating, designator, military occupational specialty (MOS), Navy Enlisted Classification (NEC), grade, billet, or office. Active duty members of the naval service not meeting these standards will be referred to a medical board. Policy for disposition of members with physical disabilities is contained in DoD Directive 1332.18, SECNAVINST 1850.4 series, and SECNAVINST 1910.4 series.

(4) Special duty standards are established to determine the physical qualification of members assigned to duties requiring a level or type of physical ability or capacity different from that which is required for general service. It should be noted that a member who does not meet established special duty standards may be physically qualified for general service, i.e., fit for full duty. The standards for special duty are determined by the Secretary of the Navy and are outlined in this chapter and applicable instructions.

(5) For training programs leading to a commission, entry standards apply and more restrictive standards can be imposed to assure qualification at the time of actual commissioning. SECNAV through the Chief of Naval Operations (CNO) and the Commandant of the Marine Corps (CMC) establish these standards which are contained in applicable instructions.

15-3 Application of Physical Standards

(1) To determine whether the member meets the prescribed standards, the member will be medically examined and required to conform to specific physical standards as they apply to the program and grade involved. In applying these basic physical standards, the examiner must consult current directives pertaining to the particular program involved for further orientation in application of policy. Any examinee who does not conform to the standards will be rejected for naval service or special program unless a waiver is obtained (see section V of this chapter).

(2) The total fitness of the examinee will be carefully considered in relation to the character of the duties upon which the examinee may be called to perform. The examiner must appreciate that there are differences in requirements for various programs. The presence of slight defects in older persons may be of less importance than in younger persons and may not necessarily be cause for rejection. Minor physical defects in examinees who have had prior military service may have less significance than in those who have not demonstrated their ability to function satisfactorily under service conditions.

15-4 Interpretation of Physical Standards

(1) Examiners will record all physical findings. Examiners should avoid a tendency to find qualified the individual who is able to meet a particular requirement only after coaching or under unusual circumstances. In determining visual acuity, blood pressure, or pulse rate, for example, the individual's average performance should be considered in recommending acceptance or rejection of the examinee. Consideration will be given to the nature of the defect, its significance in the individual, and the program for which the individual is being examined. Examiners are expected to use judgment in evaluating the degree of severity of any defect or disability, but are not authorized to disregard defects or disabilities which are disqualifying according to the standards. In the event a defect listed as cause for rejection is not considered disqualifying (NCD), the examiner must state the reason on the examination form. If the examiner deems appropriate the case

may be forwarded to BUMED for review and waiver consideration per section V.

(2) The lists of causes for rejection are not intended to be complete, but are representative in nature. If an examinee is regarded by the medical examiner as not physically qualified (NPQ) for naval service, or a special program by reason of a condition not specifically noted as cause for rejection, he or she will be rejected, and a full statement of the reason entered on the examination report.

(3) Applicants unfit for service by reason of a condition not of a serious nature which can be corrected or cured within a short time may be advised to seek enlistment upon correction or cure. However, no promise can be made to these applicants that they will be accepted.

15-5 Retention Criteria

(1) In general, physical standards in this chapter are applicable *only* to initial entry into the Navy and Marine Corps, active and Reserve, or entry into special programs and should not be used as the basis for finding a member unqualified for retention or reenlistment.

(2) After an individual has been enlisted or commissioned, the determination of physically qualified (PQ) or not physically qualified (NPQ) will depend upon the ability of a member to perform the duties of his or her grade or rate and to meet the anticipated requirements of future assignments ashore, at sea, and on foreign shores.

(3) A member is presumed to be PQ despite the presence of a condition such as personality disorder, food allergy, insect bite hypersensitivity, somnambulism, enuresis, alcoholism, drug addiction, or exogenous obesity. Under the Disability Evaluation System, members with these conditions are considered fit for duty. However, if it can be clearly shown that such a condition interferes with an individual's ability to function effectively in the naval service, the command may process the member for administrative separation. Additional guidance is provided in the Military Personnel Manual (MILPERSMAN) and applicable Navy or Marine Corps directives.

(4) Members will not be found NPQ due to disabilities that existed prior to entry (EPTE), have remained essentially unchanged, and have not interfered with the performance of duty. However, a member may be found NPQ for special duty status (e.g. flight status) based on disabilities that might interfere with the performance of the special duty or may represent a risk to the individual, his or her shipmates, or the unit's mission. In any event, the appropriateness of initial accession of an individual who did not meet entry standards is not at issue unless the member entered the naval service under fraudulent conditions, in which case he or she may be considered for administrative separation.

15-6 Conducting the Examination

(1) Medical examinations will be performed by Navy medical officers or other credentialed providers. Dental examinations will be performed by Navy dental officers, if available, following articles 6-99 and 6-99A for Reserves. All examiners, regardless of clinical specialty, must be familiar with Department of the Navy (DON) physical standards. If Navy medical officers or other Navy credentialed providers are not available, the medical examination may be conducted by other Department of Defense (DoD) physicians or credentialed civilian contract physicians. All physical examinations will be signed by the physician conducting the examination or serving as the proctor for a non-physician credentialed provider.

(2) At a minimum, unless otherwise noted in this chapter, the medical examination will include items 18 through 43 of the Report of Medical Examination, Standard Form 88 (SF-88), and the studies listed in article 15-9.

(3) Examinees will be carefully questioned about their past and present medical history, especially serious illness, injury, chronic condition, or operation. The completed Report of Medical History, Standard Form 93 (SF-93), or Officer's Physical Examination Questionnaire (NAVMED 6120/2), is essential to a complete medical examination.

(4) All examiners will exercise care in conducting an examination and must accurately record all findings. Examiners should, within reason and good practice, order additional diagnostic studies to determine the medical status of the examinee. Results of such studies must be summarized on the SF-88, recorded on the Consultation Sheet (SF-513), or, if from a civilian consultant, on letterhead stationary.

(5) Examinations will be conducted with propriety and due regard for privacy. Stand-by attendants of the same sex as the examinee shall be available or physically present during an examination, depending upon local standards of practice and/or the examinee's preference.

15-7 Recording Medical Examinations

(1) Unless otherwise specified, all medical examinations will be properly recorded on the SF-88 and SF-93 or NAVMED 6120/2 and permanently filed in the member's health record.

(2) A copy of the examination will be kept on file for three years by the examining facility.

(3) Examinations or portions thereof will not be removed from a member's health record.

15-8 Medical History

(1) To assist the examiner in the examination process and in application of physical standards, a medical history must be obtained. During the initial examination, the SF-93 will be completed by the examinee. Specifics of any hospitalization, e.g. name and address of the physician, name and location of the hospital, reason for the admission, and approximate date, will be disclosed. The examiner will review the completed form and, in block 25, will sequentially comment on each "yes" response, such that the entry will be readily understood by subsequent examiners. Examiners must also note whether the item is considered disqualifying (CD) or not considered disqualifying (NCD) by entering "CD" or "NCD" after each comment.

(2) On all subsequent physical examinations that require a SF-88, the SF-93 or NAVMED 6120/2 will be completed by the examinee, but only significant interval history will necessitate comment by the examiner. If there has been no medical history of consequence since the previous SF-93 or NAVMED 6120/2, the examiner may simply note in block 25: "No Significant Interval History." However, a complete, detailed SF-93 must accompany all medical examinations forwarded to higher authority for review.

15-9 Special Studies

(1) If required, the studies listed below will be ordered, and results will be entered on the SF-88. The list is a composite of guidelines from the US Preventive Services Task Force and US Navy Committee on Disease Prevention and Health Promotion, published studies of evidence-based medicine and practice guidelines, and recommendations of various colleges, societies, and panels. The examiner may request other clinically indicated studies, but all studies will be completed well in advance of the actual examination. Required studies include:

(a) HIV, per SECNAVINST 5300.30 series.

(b) Serology for sexually transmitted disease.

(c) Lipid profile, including cholesterol, triglycerides, and high density lipoproteins (HDL).

(d) Sickle cell and G-6-PD, if not previously recorded in health record.

(e) Type 2 dental examination.

(f) Visual acuity, including refraction if indicated for special duty or visual acuity change; tonometry is required after age 40.

(g) Audiometry, baseline and every five years or as directed by OPNAVINST 5100.23 series.

(h) Electrocardiogram beginning with the medical examination most proximate to age 40 and routinely, thereafter, unless clinically indicated or required for special duty.

(i) Stool guaiac beginning with the examination most proximate to age 40 for members at high risk; beginning with age 50 for members at low risk for colon carcinoma.

(j) Chest x-ray if clinically indicated or as required for special duty.

(k) For females, pelvic exam, PAP smear, and breast exam results; after age 40, results of the most recent screening mammography.

(2) Specific laboratory data will be recorded using current terminology. *Essentially negative* or *negative* are considered appropriate phrases to describe laboratory results.

(3) For military entrance processing stations (MEPS), recruit training commands or depots (RTCs/MCRDs), and officer accession points (OCS, AOCS, NROTC, USNA), studies in article 15-9(1)(a) through (g) are required for all active duty DON personnel; 15-9(1)(k) is required for all active duty DON female personnel. Reservists not reporting directly to active duty will have all required tests completed and results entered in health records before departing RTC/MCRD or OCS. Medical Department representatives (MDRs) must review each record for completion before finding an individual qualified for duty.

(a) For females, enlisted applicants are required to have a pelvic examination at MEPS but need not have a PAP smear until reporting to the RTC/MCRD. Officer candidates or applicants for direct commission are required to have a pelvic examination during the initial physical exam but need not have a PAP smear until reporting to OIS, OCS, or AOCS. Documentation of a normal pelvic examination and PAP smear within 6 months of enlistment or accession will preclude the need for these studies at MEPS, RTC/MCRD, or officer accession points but must become a permanent part of the health record.

(b) Tests listed in this article, if not conducted at an officer accession point or an RTC, must be completed within 2 months of entry. MDRs or unit commanders must ensure compliance.

(c) Reserve DON personnel not reporting directly to active duty must have all required tests completed and recorded in their health record before commencing annual training. MDRs are required to review health records on new members and obtain required studies for which results are not available. If test results disclose any condition considered disqualifying for entry, administrative separation for an EPTE condition is mandatory.

15-10 Validity Periods of Medical Examinations

(1) Unless otherwise specified or compromised by a significant change in the member's physical status, medical examinations conducted for any purpose will be valid for any other purpose until the next routine medical examination.

(a) If more than 90 days has elapsed, the examination must be updated by an interview with a medical officer or credentialed provider. At a minimum, interval history, admissions, any special studies, and health record entries will be reviewed.

(b) If the current examination is of sufficient scope to meet requirements, a statement of the purpose and any significant interim history will be made in block 73 of the SF-88, dated, and signed by a physician.

(c) If the current examination is insufficient in scope, appropriate clinical studies will be conducted to satisfy any additional requirements. Results will be made part of the physician's statement in block 73 of the SF-88

(d) If there is insufficient space in block 73, an addendum SF-88 will be prepared with the following entry made in the bottom margin on the front of the SF-88: *Addendum to Medical Examination dated* _____. Blocks 1,2,3,5,6,15,77,79 or 80, and 82, along with appropriate blocks for additional information will be completed on the addendum SF-88. Other blocks on the addendum may be left blank. Blocks 5 and 77 must note the purpose of the addendum SF-88.

(e) The addendum SF-88 will be filed directly behind the original SF-88, and the number of sheets, if any, attached to the original will be indicated in the space opposite block 82.

(f) If the previous examination is acceptable to the examiner, the date of the next required routine examination will be based on the date of the original examination.

(2) If necessary, the SF-93 may be updated by entering interval information in block 25. If an addendum SF-93 is required, blocks 1,2,5,6, and 7 individual's signature and date, typed or printed name of the examiner, date and examiner's signature, and appropriate blocks will be completed. Block 5 must note the purpose of the updated examination. The following entry will be made in the bottom margin on the front of the SF-93: *Addendum to Medical History dated* _____.

(3) Administrative corrections will be made per chapter 16.

(4) Exceptions to the period of validity include former active duty members wishing to reenter naval service within 2 years of separation. A copy of the separation examination must be provided, and a new SF-93 must be completed and reviewed by the examiner.

15-11 Periodicity of Examinations

(1) Unless otherwise noted in this chapter, medical examinations will be completed on all active duty members and reservists (per 15-28(5)(a)) as follows:

(a) Upon entry to enlisted or commissioned active duty.

(b) At intervals of 5 years through age 50.

(c) At intervals of 2 years through age 60.

(d) Annually after age 60.

(2) Section 1004(a) of title 10, USC, as amended by the fiscal year 1994 Authorization Act, adjusted the interval between medical examinations for ready reservists from 4 to 5 years.

15-12 Reporting Requirements

(1) Specific requirements for disposition of completed medical examinations are contained in the appropriate program instruction or directive.

Section II
MEDICAL EXAMINATIONS

15-13 General

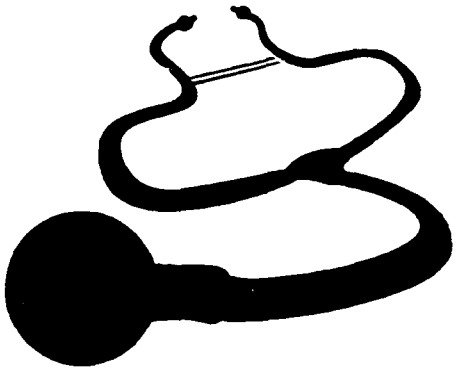
(1) The examinations listed in this section are not intended to present all purposes for examination but rather provide a general overview of the more common examinations conducted that are not adequately explained in other instructions or directives.

15-14 Active Duty Periodic Medical Examinations

(1) ***Purpose***. To determine physical qualification for retention on active duty and to maintain current medical data regarding physical qualification of personnel.

(2) ***Scope of Examination***. The examination will be conducted at the intervals prescribed in article 15-11 and will be sufficiently thorough to be reasonably certain the member concerned is free of incipient disease or functional impairment (see article 15-5). All positive history and physical findings must be thoroughly evaluated and recorded per articles 15-7 and 15-8.

(3) ***Flag and General Officers.*** When an officer is selected to flag or general grade, submit a copy of the officer's entire Health Record to BUMED (MED-25). Submit to MED-25 a copy of the completed periodic SF-88 and SF-93 on all flag and general officers. On an annual basis, submit a copy of all medical information entered in the officer's Health Record during the previous year. Retain all original Health Record entries and documents in the Health Record. MED-25 is the sole point of contact for selection boards regarding medical issues.



15-15 Candidates for Commissioned or Warrant Officer

(1) ***Purpose.*** To determine the physical qualification of candidates for commission or warrant grade in the U.S. Navy or Marine Corps.

(2) ***Scope of Examination***. Must meet the standards outlined in section III of this chapter and any applicable instructions or directives. Examination must be completed within 24 months prior to commissioning unless specified otherwise by competent authority.

15-16 Candidates for Education Programs Leading to Commission

(1) The Department of Defense Medical Examination Review Board (DODMERB) has the exclusive responsibility for scheduling and reviewing all medical examinations on candidates for ROTC and service academy programs. Questions and problems regarding these medical examinations should be addressed to DODMERB, U.S. Air Force Academy, Colorado Springs, CO 80840.

(2) Complete procedures for the administration and reporting of these medical examinations are contained in NAVMEDCOMINST 6120.2 series.

(3) Instructions regarding applicants for the Naval Academy Preparatory School are contained in OPNAVINST 1531.4 series.

15-17 Civilian Employees

(1) Medical examination of civilian employees will be performed according to existing rules and regulations of the Office of Personnel Management (OPM) and with instructions issued by or under the direction of the SECNAV, in addition to the requirements of this manual.

(2) Reports of medical examinations will be submitted on such forms as required by OPM, and by, or under the direction of the SECNAV.

(3) Medical corps officers and other privileged providers will perform medical examinations of civilian employees in connection with disability retirement under the Civil Service Retirement Act when requested by the commanding officer or by OPM. An examiner must not be required to leave an assigned station for the purpose of performing such an examination. Only in instances where the applicant is able to appear will an examiner be requested to perform an examination. For duties of medical and dental corps officers in connection with the Federal Employee's Compensation Act, reference should be made to section G, NAVMEDCOMINST 6320.3 series.

(4) A x-ray examination of the chest of civilian employees of the naval service is authorized by law as part of the program for promoting and maintaining the health of Federal employees. Whenever practicable, an x-ray examination of the chest will be made a part of the medical examination for employment. If it is impractical to obtain the examination, or to have the examination interpreted, the examination will be given at the first opportunity. X-ray examination of the chest will be given, when practicable, immediately prior to leaving employment, except when such examination has been completed, and recorded, within the previous 6 months.

(5) Those civilian personnel that must be qualified to perform special duties comparable to those described in this chapter for active duty personnel must meet the respective special duty standards.

15-18 Deserters

(1) Deserters returned to naval custody must have a complete medical examination including a psychiatric evaluation. The member's current physical condition will be determined and, as completely as possible, the examinee's physical condition at the time of desertion and changes that occurred in the interim, recorded. For information on the location of deserter's medical records refer to the Bureau of Naval Personnel Manual.

15-19 Enlistment

(1) ***Purpose.*** To determine qualification of those who request to enlist or are inducted in the naval service, or retired members ordered to active duty.

(2) ***General***

(a) Applicants who have been discharged from any of the services and not immediately reenlisted, who have defects which would be cause for rejection for original enlistment but not such as to prevent the performance of duties to be expected, will be referred to BUPERS or CMC via BUMED, with an appropriate recommendation regarding waiver per section V of this chapter.

(b) Former members who were medically discharged or found not physically qualified for reenlistment at discharge will not be enlisted without approval from BUPERS or CMC via BUMED.

(3) ***Scope of Examination.*** The applicant must meet standards established in section III of this chapter. Examination must be completed within 24 months prior to enlistment, unless specified otherwise by competent authority.

15-20 Enlisted Applicants for Service Schools

(1) Members will be processed per article 15-30, and must meet other medical requirements as applicable.

(2) Members who require extensive medical or dental treatment will complete such care as may be required, on a priority basis, prior to being transferred.

15-21 Intoxication or Drug Abuse

(1) BUMEDINST 6120.20 series provides guidance in conducting and recording fitness for duty examinations.

15-22 Members on the Temporary Disability Retired List

(1) Statutory regulations require members carried on the temporary disability retired list (TDRL) be examined at least once every 18 months. The examination will be conducted per the Disability Evaluation Manual (see SECNAVINST 1850.4 series).

(2) If a member placed on the TDRL is removed from the retired list, found fit for duty and chooses the option to reenlist, he or she must undergo a complete retention physical examination. This examination is required since the condition which placed the member on the TDRL is usually the only condition evaluated for removal from the TDRL. In the period since the member was separated from the service (placed on TDRL), new medical conditions could have developed, i.e., hypertension, diabetes, etc. These conditions must be reviewed for waiver recommendations prior to reenlistment. Note: Any medical condition which the member may have had while on active duty is exempt and does not require waiver action.

15-23 Naval Academy Midshipmen, NROTC Applicants, and Students

(1) A periodic and precommissioning medical examination of Naval Academy midshipmen must be conducted following the regulations governing the Naval Academy and as determined by the superintendent.

(2) Applicants for the NROTC program and other outservice scholarship commissioning programs, i.e., Enlisted Commission Program and NAFHPSP, etc., must meet the physical standards of NAVMEDCOMINST 6120.2 series.

(3) An annual medical examination is not required for students enrolled in NROTC, NAFHPSP, and other outservice scholarship programs leading to commission. However, commanding officers and officers with administrative authority over these students are responsible for ensuring that each student completes an Annual Certificate of Physical Condition (NAVMED 6120/3) form annually during the fall term, i.e., semester, quarter, trimester, and again during the term of graduation.

(4) In the event a student identifies a medical problem on the NAVMED 6120/3, the member's commanding officer or administrative officer must send copies of abstracts of treatment, narrative summaries, or other available health records pertaining to the injury, illness, or disease resulting in hospitalization or absence from school, to BUMED (MED-25) for review.

(5) Students identifying medical problems may be referred to the nearest military medical facility for evaluation of the alleged defect. Send a copy of the evaluation report to BUMED (MED-25) for review. Evaluation reports from civilian consultants are acceptable if a military medical facility is not available.

(6) The commanding officers of ROTC units and outservice commissioning scholarship program administrative officers are responsible for sending a report to BUMED (MED-25) on any student who, at any time, becomes disabled for a significant period of time or contracts a disease or injury that may render the student NPQ for commissioning. The completed NAVMED 6120/3 is to be filed in the student's Health Record.

(7) Scholarship students must receive a complete medical examination within 24 months of the anticipated date of commissioning. The completed SF-88 and SF-93 are to be sent to BUMED (MED-25) not later than 1 October of the year before the anticipated date of graduation. NROTC students must arrange for precommissioning medical examinations to be conducted locally, provided time and facilities permit. Units located in close proximity to military medical facilities should use those facilities to the maximum extent possible. If the medical examination is not completed before the first class cruise, orders must be endorsed by the unit commanding or administrative officer to provide an intermediate assignment to a naval medical facility for the purpose of a precommissioning medical examination, if required.

15-24 Prisoners

(1) All prisoners arriving at a naval place of confinement must be examined per SECNAVINST 1640.9 series.

15-25 Promotion of Navy and Marine Corps Officers on Active Duty

(1) See appropriate MILPERSMAN article and Marine Corps Order (MCO) for current policy on promotion medical examinations for active duty officers.

15-26 Recruit Screening Examinations

(1) Recruit screening examinations, conducted at RTCs/MCRDs, are to detect physical or emotional disorders or active communicable and infectious diseases that may have been concealed or missed at the time of enlistment.

(2) Recruit screening examinations will be conducted within 10 working days of reporting to the RTC/MCRD and will be sufficiently thorough to ensure that the recruit is free from communicable or infectious diseases and is physically qualified to undergo military training.

(3) Applicable studies listed in article 15-9 must be done if not completed during the accession examination. Results will be entered in the health record and, if abnormal, will be referred to a medical officer for further evaluation.

(4) Results of the recruit screening examination will be recorded on the Chronological Record of Medical Care, SF-600, and filed in the health record.

(5) Recruits with demonstrated inability to complete basic training or perform military duties will be considered for separation. Appropriate medical disposition is provided in chapter 18.

15-27 Reenlistment

(1) Reenlistment examinations are to ensure that members wanting to reenlist are physically qualified for continued active duty.

(2) If the member has a valid physical examination, a complete medical examination (SF-88 and SF-93) is not required; instead, the examination will be updated as outlined in 15-10.

(3) A signed SF-600 entry *"Member is PQ reenlistment"* must be entered in the health record.

15-28 Reserve Navy and Marine Corps Components

(1) ***Physical standards and examinations*** requirements for reservists, active and inactive, are those set forth elsewhere in this chapter and, except for 7(a) and (b) and 8 (a) through (e) of this article, are applicable to:

(a) Accessions.

(b) Special duty assignments.

(c) Training for special programs leading to commissioning or a designator change.

(d) Annual training (AT).

(e) Additional duty for training (ADT).

(f) Extended active duty, voluntary or involuntary.

(2) ***Complete medical examinations*** will be conducted on all Navy and Marine Corps reservists following the schedule in article 5-11 and at military medical treatment facilities (MTFs), approved civilian contractor sites, or other non-DoD exam sites approved by the Commander, Naval Reserve Force (COMNAVRESFOR), Force Medical Officer. Examinations will comply with articles 15-6 through 15-8 and will include appropriate studies listed in article 15-9. Under no circumstances shall the term "Facilities Not Available" or the abbreviation "FNA" be used as a substitute for required test results. After review, the MDR will enter, date, and sign the following statement in block 73 of the SF-88:

> This physical examination has been administratively reviewed for completeness and accuracy.

(3) ***Prompt identification*** and timely referral or disability processing of reservists found NPQ is essential to the mission of the Navy and Marine Corps Reserves. It is the re-

sponsibility of the medical examiner to determine whether a member is PQ or NPQ during the physical examination process. However, the individual reservist is also responsible for promptly reporting any significant change in his or her physical or emotional status to the MDR or unit commander.

(4) ***If the medical examiner*** determines that the member is likely to require repeated or prolonged hospitalization or absence from duty or has a condition that would form the basis of a disability claim under SECNAVINST 1850.4 if ordered to active duty, the member will be found NPQ.

(5) ***Active Reservists***

(a) ***Periodic Physical Examination.*** When not on active duty, including AT in excess of 30 days, Navy and Marine Corps Selected Reservists (SELRES) and members of Voluntary Training Units (VTUs) will have complete examinations per article 15-11. Aviation, submarine, diving, and special operations personnel will undergo examinations following the schedule and standards in section IV.

(b) ***Annual Certificate of Physical Condition (NAVMED 6120/3).*** Between periodic physical examinations, all SELRES and members of VTUs must submit a NAVMED 6120/3 annually for review by the MDR. If a member reports an injury, illness, or emotional disorder that might interfere with the performance of duties or might preclude mobilization, a complete examination must be conducted. Forward copies of the SF-88, SF-93, and pertinent medical records or consultations to BUMED (MED-25) via the cognizant command for review and disposition.

(6) ***Inactive Reservists***

(a) ***Periodic Medical Examination.*** All individual ready reservists and standby reservists must have a completed medical examination every 5 years. For identification, enter the word "QUINQUENNIAL" in block 5 of the SF-88 and SF-93 and forward Navy quinquennial examinations to NRPC, Code 4013, New Orleans, LA 70146-5006 and Marine Corps quinquennial examinations to MCRSC, 10950 El Monte St., Overland Park, KS 66211-1408.

(b) ***Annual Certificate of Physical Condition (NAVMED 6120/3)***. Between periodic physical examinations, all individual ready reservists and standby reservists must complete and forward a NAVMED 6120/3 to the appropriate address in article 15-28(6)(a). If information on the NAVMED 6120/3 suggests the possibility that a member may be unfit, NRPC or MCRSC must obtain information needed to determine the member's physical qualification for retention and active duty. Additional tests or consultations may be obtained at MTFs on a space-available, outpatient basis. Private sector studies or evaluations must be obtained at no expense to the Government.

(7) ***Active Duty for Training 90 Days or Less***

(a) A member ordered to active duty for training of less than 90 days is not required to undergo a complete medical examination, if the examination filed in the health record is valid. A SF-600 entry certifying that the member is PQ for active duty must be made by the MDR. Upon release, the member will date and sign a SF-600 entry certifying that he or she did not incur any disabling injury or illness while on active duty. If found NPQ, the member will be processed following SECNAVINST 1770.3 series.

(b) All Navy and Marine Corps reservists will have a complete medical examination before release from active duty except for members on active duty for training of 90 days or less

(8) ***Evaluation of Reservists for Retention***

(a) If a reservist is found NPQ on physical examination, copies of the SF-88, SF-93, and pertinent medical records or consultations will be sent to BUMED (MED-25) via the cognizant command for review and disposition. Members so found will be placed in Records Review until final disposition of their case. Exceptions are noted in article (8)(f) below. For dental disqualifications refer to article 6-99A.

(b) Outpatient evaluation at MTFs to determine fitness for retention or recall to active duty is authorized if at no expense to the Government. Except for those granted a notice of eligibility (NOE), reservists not on active duty are not eligible for inpatient care in an MTF.

(c) Reservists on active duty for training of 30 days or less and involuntary training of 45 days or less who become disabled from disease or injury will be processed per SECNAVINST 1770.3

(d) If a reservist has a service-incurred or service-aggravated injury or illness related to active duty, a medical board should be convened. In all cases involving illness or injury during periods of training of less than 30 days, the NOE is the only instrument establishing the reservist's entitlement. Navy requests for NOE will be forwarded to COMNAVRESFOR (Code 006), while Marine Corps requests for NOE will be forwarded to the Commandant of the Marine Corps (RAM).

(e) Reservists will maintain, at a minimum, a Class 2 dental status following article 6-99A.

(f) A medical officer may classify a Naval reservist as temporarily not physically qualified (TNPQ) when the member has a physical disqualification of a minor or temporary nature. Reservists placed in this category will have 180 days to correct the disqualifying defect. Nonservice-related conditions will be treated by civilian providers at the members expense. At the end of 180 days, records of treatment will be reviewed by the cognizant medical officer or MDR. If the member is subsequently found not physically qualified, the medical officer must make a health record entry noting that the condition renders the member unfit for retention and mobilization. The member's record will then be forwarded to BUMED for determination per article (8)(a).

(g) Members of the Selected Marine Corps Reserve are ineligible to drill or perform AT in a TNPQ status.

(9) ***Selected Reserve Affiliations***

(a) SELRES and personnel in VTUs are members of the Ready Reserve who have incurred a statutory obligation upon enlistment or commissioning, reenlistment, or extension as a Navy or Marine Corps reservist.

(b) Members must be found PQ for affiliation with and assignment to a SELRES unit or VTU. For affiliation, a separation physical completed within the previous 24 months will suffice. Before being formally affiliated with a SELRES unit or VTU, the member must present a copy of the separation SF-88 and complete a new SF-93 for review and signature by the medical officer. The SF-93 must be signed by a credentialed health care provider prior to SELRES unit or VTU affiliation. In the event a credentialed provider is unavailable, the SF-93 may be signed by the MDR who must first have written authorization from his or her supervising medical officer or unit commander.

15-29 Separation from Active Duty

(1) Separation physical examinations are conducted to determine that members being separated from active duty, regardless of the reason, are PQ for continued service. Exceptions include:

(a) Members who have been evaluated by a medical board.

(b) Recruit or trainee discharged by reason of aptitude board action prior to completion of 90 days of active duty.

(2) Separation physical examinations will conform to articles 15-8 and 15-9. Separation standards are the same as those for retention, with the following additions:

(a) Members with communicable diseases, e.g. tuberculosis or venereal disease, will not be separated until noninfectious.

(b) Members found to have a condition that is physically disqualifying for continued active duty. In such instances, a medical board will be convened.

(3) Separation examinations will normally be completed within 6 months of the actual date of separation, although members who have a retirement date, transfer to the Fleet Reserve, or are nearing high year tenure will undergo complete examination at least 1 year before separation. Within 45 days of actual separation, members must have their examinations reviewed and any significant interim history documented in block 73 of the SF-88.

(4) Each member will be required to read the following statement at the time of examination:

> You are being examined because of your separation from active duty. If you feel you have a serious defect or condition that interferes, or has interfered, with the performance of your military duties, advise the examiner. If you are considered by the examiner to be not physically qualified for separation, you will be referred for further evaluation, and, if indicated, appearance before a medical board. If, however, you are found physically qualified for separation, any defects will recorded in item 74 of the SF-88 or on a SF-600. Such defects, while not considered disqualifying for military service, may entitle you to certain benefits from the Department of Veterans Affairs (DVA). If you desire any further information in this regard, contact the DVA office nearest your home after your separation.

(5) For members being separated prior to completion of 90 days service, the following entry must be made on a SF-600, signed by the member, and witnessed by a MDR:

> You have been examined during the past 90 days and are considered physically qualified for separation from active duty. No defects have been noted that would disqualify you from the performance of your duties or entitle you to disability benefits from the naval service. Should you believe the foregoing is not correct, a medical officer will evaluate your concerns, and, if indicated, refer you to an appropriate site for further study. To receive disability benefits from the Navy, you must be unfit to perform the duties of your office, grade, or rating because of disease or injury incurred while you are entitled to receive basic pay. After you are separated, any claims for disability benefits must be submitted to the Department of Veterans Affairs. Indicate by your signature that you understand the foregoing statement.

(6) All members will also be requested to sign the following entry on item 73 of the SF-88 or on a SF-600:

> I have been informed of and understand the provisions of article 15-29 of the Manual of the Medical Department.

Refusal of the member to sign this statement will not delay separation. The examiner must note in item 73 of the SF-88 or on the SF-600 that the provisions of article 15-29 have been fully explained to the member, who declines to sign a statement to that effect.

15-30 Transfer of Personnel

(1) ***Transfer Within the U.S. (Except to Isolated Duty) or from Overseas or Sea Duty to the U.S.*** Medical and dental records will be screened by the MDR to determine a member's fitness for transfer. Immunization requirements are in NAVMEDCOMINST 6230.3 series

(2) ***Transfer to Sea Duty, Overseas Duty, or Isolated Duty within the U.S.***

(a) Suitability for overseas assignment is covered in the NAVMEDCOMINST 1300.1 series

(b) Members ordered to isolated duty stations or sea duty must not have medical or dental conditions that are likely to require extensive or prolonged treatment. Any required medical or dental care must be provided prior to the anticipated date of transfer.

(3) ***Reporting Requirements***

(a) A dated and signed SF-600 entry will be made noting the health record has been screened.

(b) A member considered NPQ for transfer will be referred for appropriate evaluation, and the member's command will be promptly notified.

(c) Defects waived at the time of original entry into the service will not be considered disqualifying unless substantial changes have occurred.

(4) ***Notification of Noncompliance.*** When personnel are received at ports of embarkation, aboard ship, or at overseas stations without required medical examinations, immunizations, dental treatment, or complete health records, the deficiencies will be reported to the unit commander with a written recommendation that the matter be brought to the attention of the member's previous command so that future overseas screening will comply with directives.

15-31 Physical Readiness and Body Fat

(1) Physical readiness and body fat standards for active duty and Reserve Navy personnel along with specific program responsibilities and actions are contained in OPNAVINST 6110.1 series. Medical Department personnel should:

(a) Routinely record body weight with other vital signs on all SF-600 entries.

(b) Record body weight on the SF-88 when conducting periodic or special medical examinations. Official body fat measurements may be obtained from the member's command and entered in the margin above blocks 55 and 56 of the SF-88.

(c) Evaluate obese members to rule out underlying or associated disease processes and assess the effect of excess body fat on the member's fitness to perform his or her duties.

(d) Recommend weight reduction goals, prescribe diets, and promote appropriate exercise programs.

(e) Provide the unit commander with recommendations for appropriate action based on professional judgement about the likelihood of success in weight reduction and exercise programs.

Section III
PHYSICAL STANDARDS

15-32 General

(1) This section implements DoD Directive 6130.3 series, Physical Standards for Enlistment, Appointment, and Induction, which establishes physical standards for entrance into the Armed Forces of the United States per section 133, title 10, United States Code.

(2) The DoD directive may change before the concomitant change appears in this manual. The DoD directive always has precedence.

(3) The only SECNAV-approved exception to the standards is officer's vision standards.

15-33 Head

(1)The causes for rejection include:

(a) Abnormalities which are transient in nature resulting from recent injuries until a period of 3 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion.

(b) Deformities of the skull in the nature of depressions, exostoses, etc., of a degree which would prevent the individual from wearing a gas mask or military headgear.

(c) Deformities of the skull of any degree associated with evidence of disease of the brain, spinal cord, or peripheral nerves.

(d) Depressed fractures with or without seizures.

(e) Loss or congenital absence of the bony substance of the skull not successfully corrected by reconstructive material:

(1) All cases involving absence of the bony substance of the skull which have been corrected but in which the defect is in excess of 1 square inch will be referred to BUMED (MED-25) together with a consultation report.

(2) The consultation report will include an evaluation of any evidence of alteration of brain function in any of its several spheres, i.e., intelligence, judgement, perception,

behavior, motor control, and sensory function as well as any evidence of active bone disease or other related complications. Current x-rays and other pertinent laboratory data will accompany such a consultation report.

(f) Ulcerations, fistulae, atrophy, or paralysis of part of the face or head.

15-34 Neck

(1) The causes for rejection are:

(a) Cervical ribs if symptomatic, or so obvious that they are found on routine medical examination. (Detection based primarily on x-ray is not considered to meet criterion.)

(b) Congenital cysts of branchial cleft origin or those developing from the remnants of the thyroglossal duct, with or without fistulous tracts.

(c) Fistula, chronic draining, of any type.

(d) Nonspastic contraction of the muscles of the neck or cicatricial contracture of the neck to the extent that it interferes with the wearing of a uniform or military equipment or so disfiguring as to make the individual objectionable in common social relationships.

(e) Spastic contraction of the muscles of the neck, persistent and chronic.

(f) Tumor of thyroid or other structures of the neck.

15-35 Nose and Sinuses

(1)The causes for rejection are:

(a) Allergic manifestations

(1) Chronic atrophic rhinitis

(2) Hay fever, if severe; and if not controllable by antihistamines or by desensitization, or both.

(b) Choana, atresia, or stenosis of, if symptomatic.

(c) Nasal septum, perforation of:

(1) Associated with the interference of function, ulceration or crusting, and when the result of organic disease.

(2) If progressive.

(3) If respiration is accompanied by a whistling sound.

(d) Sinusitis, acute

(e) Sinusitis, chronic, when more than mild:

(1) Evidenced by any of the following: Chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of the nasal tissues, or symptoms requiring frequent medical attention.

(2) Confirmed by transillumination or x-ray examination or both.

15-36 Mouth

(1) The causes for rejection are:

(a) Hard palate, perforation of.

(b) Harelip, unless satisfactorily repaired by surgery.

(c) Leukoplakia, stomatitis, or ulcerations, if severe.

(d) Ranula, if extensive.

15-37 Pharynx, Trachea, Esophagus, and Larynx

(1) The causes for rejection are:

(a) Esophagus, organic disease of, such as ulceration, varices, achalasia; peptic esophagitis; if confirmed by appropriate x-ray or esophagoscopic examinations.

(b) Laryngeal paralysis due to any cause.

(c) Larynx, organic disease of, such as neoplasm, papilloma, polyps, granuloma, ulceration, and chronic laryngitis.

(d) Plica dysphonia ventricularis.

(e) Tracheostomy or tracheal fistula.

15-38 Other Defects and Diseases of the Mouth, Nose, and Throat

(1) The causes for rejection are:

(a) Aphonia

(b) Deformities or conditions of the mouth, throat, pharynx, larynx, esophagus, and nose which interfere with mastication and swallowing of ordinary food, with speech, or with breathing.

(c) Destructive syphilitic disease of the mouth, nose, throat, larynx, or esophagus

(d) Pharyngitis and nasopharyngitis, chronic, with positive history and objective evidence, if of such a degree as to result in excessive time lost in the military environment.

15-39 Ears

(1) The causes for rejection are:

(a) ***Auditory canal***

(1) Atresia or severe stenosis of the external auditory canal.

(2) Tumors of the external auditory canal except mild exostoses.

(3) Severe external otitis, acute or chronic.

(b) ***Auricle.*** Agenesis, severe; or severe traumatic deformity, unilateral or bilateral.

(c) ***Mastoids***

(1) Mastoiditis, acute or chronic

(2) Residual of mastoid operation with marked external deformity which precludes or interferes with the wearing of a gas mask or helmet.

(3) Mastoid fistula.

(d) ***Meniere's syndrome***

(e) ***Middle ear***

(1) Acute or chronic suppurative otitis media. Individuals with a recent history of acute suppurative otitis media will not be accepted unless the condition is healed and a sufficient interval of time subsequent to treatment has elapsed to ensure that the disease is in fact not chronic.

(2) Adhesive otitis media associated with hearing loss by audiometric test of 30 db or more average for the speech frequencies (500, 1000, and 2000 Hz) in either ear regardless of the hearing level in the other ear.

(3) Acute or chronic serous otitis media.

(4) Presence of attic perforation in which presence of cholesteatoma is suspected.

(5) Repeated attacks of suppurative otitis media.

(6) History of surgery involving middle ear, excluding myringotomy.

(f) ***Tympanic membrane***

(1) Any unhealed perforation of the tympanic membrane.

(2) Surgery to repair perforated tympanic membrane in past 120 days.

(g) ***Other.*** Other diseases and defects of the ear which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

(h) ***Hearing.*** Hearing acuity level by audiometric testing exceeding the table below:

(Hz)	Both ears (ANSI 1969)
500 1000 2000	Average of the 6 readings (3 per ear) in the speech frequencies not greater than 30 decibels with no level greater than 35.
3000	45 decibels, each ear
4000	55 decibels, each ear

15-40 Eyes

(1) The causes for rejection are:

(a) ***Lids***

(1) Blepharitis, chronic more than mild. Cases of acute blepharitis will be rejected until cured.

(2) Blepharospasm.

(3) Dacryocystitis, acute or chronic.

(4) Destruction of the lids, complete or extensive, sufficient to impair protection of the eye from exposure.

(5) Adhesions of the eyelids to each other or to the eyeball which interfere with vision.

(6) Growth or tumor of the eyelid other than small early basal cell tumors of the eyelid, which can be cured by treatment, and small nonprogressive asymptomatic benign lesions.

(7) Marked inversions or eversion of the eyelids sufficient to cause watering of eyes (entropion or ectropion).

(8) Lagophthalmos.

(9) Ptosis interfering with vision.

(10) Trichiasis, severe.

(b) ***Conjunctiva***

(1) Conjunctivitis, chronic, including vernal and trachoma. Individuals with acute conjunctivitis are unacceptable until the condition is cured.

(2) Pterygium:

(a) Pterygium recurring after two operative procedures. Evaluation will be performed no earlier than 3 months after surgical removal.

(b) Pterygium encroaching on the cornea in excess of 3 millimeters or interfering with vision.

(c) ***Cornea***

(1) Dystrophy, corneal, of any type including keratoconus of any degree.

(2) Keratitis, acute or chronic.

(3) Ulcer, corneal; history of recurrent ulcers or corneal abrasion (including herpetic ulcers).

(4) Vascularization or opacification of the cornea from any cause which is progressive or reduces vision below the standards prescribed.

(5) Any history of corneal surgery including but not limited to radial keratotomy, keratomileusis, or epikeratophakia.

(6) Orthokeratology within 3 months of evaluation. Sufficient observation to ensure that no contact lenses have been worn immediately prior to examination is required.

(d) ***Uveal Tract.*** Inflammation of the uveal tract, acute, chronic, recurrent, or a history thereof except healed traumatic choroiditis.

(e) ***Retina***

(1) Angiomatoses, phakomatoses, retinal cysts, and other congenito-hereditary conditions that impair visual function.

(2) Degenerations of the retina to include macular cysts, holes, and other degenerations (hereditary or acquired degenerative changes) and other conditions affecting the macula. All types of pigmentary degenerations (primary and secondary).

(3) Detachment or tear of the retina or history of surgery for same except in cases of repair of documented minor traumatic retinal detachment.

(4) Inflammation of the retina (retinitis or other inflammatory conditions of the retina to include Coat's disease, diabetic retinopathy, Eales' disease, and retinitis proliferans).

(5) Chorioretinitis, unless a single episode which has healed and does not interfere with vision.

(f) ***Optic Nerve***

(1) Congenito-hereditary conditions of the optic nerve or any other central nervous system pathology affecting the efficient function of the optic nerve.

(2) Optic neuritis, neuroretinitis, or secondary optic atrophy resulting therefrom or documented history of attacks of retrobulbar neuritis.

(3) Optic atrophy (primary and secondary).

(4) Papilledema.

(g) ***Lens***

(1) Aphakia (unilateral or bilateral) intraocular lens implants may be waiverable if 1 year has elapsed since surgery.

(2) Dislocation, partial or complete, of a lens

(3) Opacities of the lens which interfere with vision or which are considered to be progressive.

(4) Pseudophakia (unilateral or bilateral).

(h) ***Ocular Mobility and Motility***

(1) Diplopia, documented, constant or intermittent, from any cause or of any degree interfering with visual function.

(2) Nystagmus, with both eyes fixing, congenital or acquired.

(3) Strabismus of 40 prism diopters or more, uncorrectable by lens to less than 40 diopters.

(4) Strabismus of any degree accompanied by documented diplopia.

(5) Strabismus, surgery for the correction of, within the preceding 6 months.

(i) ***Miscellaneous Defects and Diseases***

(1) Abnormal conditions of the eye or visual fields due to diseases of the central nervous system. Meridian specific visual field minimums are:

(a) Temporal: 85 degrees.

(b) Superior temporal: 55 degrees.

(c) Superior: 45 degrees.

(d) Superior nasal: 55 degrees.

(e) Nasal: 60 degrees.

(f) Inferior nasal: 50 degrees.

(g) Inferior: 65 degrees.

(h) Inferior temporal: 85 degrees.

(2) Absence of an eye.

(3) Asthenopia severe.

(4) Exophthalmos, unilateral or bilateral.

(5) Glaucoma, primary or secondary or preglaucoma as evidenced by IOP greater than 20 mm Hg.

(6) Hemianopsia of any type.

(7) Loss of normal pupillary reflex reactions to light or accommodation to distance or Adies syndrome.

(8) Loss of visual fields from any cause.

(9) Night blindness.

(10) Residuals of old contusions, lacerations, penetrations, etc., which impair visual function required for satisfactory performance of military duty.

(11) Retained intraocular foreign body.

(12) Tumors.

(13) Any organic disease of the eye or adnexa not specified above which threaten continuity of vision or impairment of visual function.

(j) ***Visual Acuity***

(1) Distant visual acuity of any degree that does not correct with spectacle lenses to at least one of the following:

(a) 20/40 in one eye and 20/70 in the other.

(b) 20/30 in one eye and 20/100 in the other.

(c) 20/20 in one eye and 20/400 in the other.

(d) Commissioning in the unrestricted line requires correction to 20/20.

(2) Refractive Error

(a) Enlistment. Any degree of error in spherical equivalent of over +/-8.00 diopters; or if ordinary spectacles cause discomfort by reason of ghost images, prismatic displacement, or unstable refractive error.

(b) Applicants for training programs leading to commission in the unrestricted line (URL) requires correction to 20/20 in each eye and maximum refractive error in any meridian cannot exceed +/-6.00 diopters (+/-7.00 diopters for restricted line (RL) or staff corps (SC)). Individuals with vision that does not correct to 20/20 will be considered for a waiver based on the program applied for.

(c) Applicants to the Merchant Marine Academy, appointment in the Merchant Marine Reserve, U.S. Naval Reserve, Merchant Marine Program must have uncorrected vision no worse that 20/200 in both eyes correctable to 20/20.

(d) Commissioning URL maximum refractive error in any meridian cannot exceed +/-8.00 diopters (+/-9.00 diopters for RL or SC). See note below.

(e) All commissioning programs. In addition to the limitations listed above, the difference in the refractive error in any meridian of the two eyes (anisometropia) may not exceed +/-3.50 diopters. Cylinder correction may not exceed +/-3.00 diopters.

(3) Near Visual Acuity. Any degree which does not correct to at least 20/60 in the better eye.

(4) Contact Lens. Complicated cases requiring contact lens for adequate correction of vision such as keratoconus, corneal scars, and irregular astigmatism.

Note. Refractive error in any meridian. When the signs of the sphere and cylinder (+/-) are alike, the refractive error in any meridian is the algebraic sum of the two values. When the signs are not alike, the refractive error in any meridian is the higher absolute value of the two (usually the sphere).

(k) ***Color Perception***. Normal color perception as tested by Farnsworth Lantern (FALANT) is required for applicants for: unrestricted line (URL); restricted line (RL) with 163X designator; limited duty officer (LDO) with designators of 611x/621x, 612x/622x, 616x/626x or 648x; warrant officer with designators of 711x/721x, 712x/722x, 717x/727x or 748x; and other special duties listed in this chapter.

15-41 Lungs and Chest Wall (Except Tuberculosis)

(1) The causes for rejection are:

(a) Abnormal elevation of the diaphragm on either side.

(b) Asthma, reactive airway disease, exercise induced bronchospasm, except for childhood asthma with a reliable history of freedom from symptoms since the 12th birthday, or use of bronchodilators or other asthma-type medications.

(c) Acute infectious processes of the lung, chest wall, mediastinum, or pleura, until cured.

(d) Foreign body in trachea or bronchus.

(e) Foreign body of the chest wall causing symptoms.

(f) Lobectomy, history of, for a nontuberculous, nonmalignant lesion with residual pulmonary disease. Removal of more than one lobe is cause for rejection regardless of the absence of residuals.

(g) Other symptomatic traumatic lesions of the chest or its contents.

(h) Pneumothorax or history thereof within 1 year of date of examination if due to simple trauma or surgery; within 3 years of date of examination if of spontaneous origin. Surgical correction is acceptable if no significant residual disease or deformity remains and pulmonary function tests are within normal limits.

(i) Acute mastitis, chronic cystic mastitis, if more than mild.

(j) Bronchiectasis.

(k) Bronchitis, chronic with evidence of pulmonary function disturbance.

(l) Bronchopleural fistula.

(m) Bullous or generalized pulmonary emphysema.

(n) Chronic abscess of lung.

(o) Chronic fibrous pleuritis of sufficient extent to interfere with pulmonary function or obscure the lung field in the chest x-ray.

(p) Chronic mycotic diseases of the lung including coccidioidomycosis; residual cavitation or more than a few small sized inactive and stable residual modules demonstrated to be due to mycotic disease.

(q) Empyema, residual sacculation or unhealed sinuses of chest wall following operation for empyema.

(r) Extensive pulmonary fibrosis from any cause, producing dyspnea on exertion.

(s) Foreign body of the lung or mediastinum causing symptoms or active inflammatory reaction.

(t) Multiple cystic disease of the lung or solitary cyst which is large and incapacitating.

(u) New growth of breast; history of mastectomy.

(v) Pleurisy with effusion of unknown origin within the previous 2 years.

(w) Sarcoidosis, unless there is substantiated evidence of a complete remission of at least 2 year duration.

(x) Asbestosis.

15-42 Tuberculous Lesions

(1) The causes for rejection are:

(a) Active tuberculosis in any form or location, or substantiated history of active tuberculosis within the previous 2 years.

(b) Substantiated history of one or more reactivations or relapses of tuberculosis in any form or location or other definite evidence of poor host resistance to the tubercle bacillus.

(c) Residual medical or mental defects from past tuberculosis that would preclude the satisfactory performance of duty.

(d) Individuals with a past history of active tuberculosis more than 2 years prior to enlistment or induction, must have a documented completed course of standard chemotherapy for tuberculosis.

15-43 Heart

(1) The causes for rejection are:

(a) Valvular heart diseases including those improved by surgery, except for mitral valve prolapse and congenital bicuspid aortic valve, unless hemodynamically significant or associated with arrhythmia.

(b) Obstructive coronary artery disease or myocardial infarction, old or recent or true angina pectoris at any time.

(c) Electrocardiographic evidence of major arrhythmias or conduction defects such as

(1) Atrial flutter, or fibrillation. Ventricular tachycardia, fibrillation or multifocal premature ventricular contractions, unless a single episode and there has been no recurrence or required medication for 2 years.

(2) First degree atrio-ventricular (A-V) block and right bundle branch block occurring as isolated findings are not disqualifying when cardiac evaluation reveals no cardiac disease.

(3) Left bundle branch block, 2nd and 3rd degree A-V block, and other conduction disturbances which can be associated with underlying cardiovascular disease.

(4) Unequivocal electrocardiographic evidence of old or recent myocardial infarction; coronary insufficiency at rest or after stress; or evidence of cardiomyopathy.

(5) Electrocardiographic evidence of accelerated A-V conduction in asymptomatic individuals, unless shown to be of acceptably low risk by appropriate (generally electrophysiologic) studies.

(d) Hypertrophy or dilatation of the heart as evidenced by clinical, x-ray, echocardiographic, or other examination.

(e) Myocardial insufficiency (congestive circulatory failure, cardiac decompensation) obvious or covert, regardless of cause.

(f) Paroxysmal tachycardia within the preceding 5 years, or at any time if recurrent or disabling or if associated with electrocardiographic evidence of accelerated A-V conduction (Wolff-Parkinson-White).

(g) Pericarditis; endocarditis; or myocarditis, history or finding of, except for a history of a single acute idiopathic or coxsackie pericarditis with no residuals, or tuberculous pericarditis adequately treated with no residuals and inactive for 2 years.

(h) Tachycardia persistent with a resting pulse rate of 100 or more, regardless of cause.

15-44 Vascular System

(1) The causes for rejection are:

(a) Congenital or acquired lesions of the aorta and major vessels, such as syphilitic aortitis, demonstrable atherosclerosis which interferes with circulation, congenital or acquired dilation of the aorta (especially if associated with other features of Marfan's syndrome), and pronounced dilatation of the main pulmonary artery.

(b) Hypertension evidenced by preponderant diastolic blood pressure over 90 mm or preponderant systolic blood pressure over 159 mm at any age. High blood pressure requiring medication for control or history of treatment for hypertension including dietary restriction.

(c) Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympatheticotonia.

(d) Peripheral vascular disease including Raynaud's phenomena, Buerger's disease (thromboangiitis obliterans), erythromelalgia, arteriosclerotic, and diabetic vascular diseases. Special tests will be used in doubtful cases.

(e) Thrombophlebitis

(1) History of thrombophlebitis with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins.

(2) Recurrent thrombophlebitis.

(3) Varicose veins, if more than mild, or if associated with edema, skin ulceration, or residual scars from ulceration.

(f) Miscellaneous

(1) Aneurysm of the heart or major vessel, congenital or acquired.

(2) History and evidence of a congenital abnormality which has been treated by surgery but with residual abnormalities or complications, for example: Patent ductus arteriosus with residual cardiac enlargement or pulmonary hypertension, resection of a coarctation of the aorta without a graft when there are other cardiac abnormalities or complications; closure of a secundum type atrial septal defect when there are residual abnormalities or complications.

(3) Major congenital abnormalities and defects of the heart and vessels unless satisfactorily corrected without residuals or complications. Uncomplicated dextrocardia and other minor asymptomatic anomalies are acceptable.

(4) Substantiated history of rheumatic fever or chorea within the previous 2 years, recurrent attacks of rheumatic fever or chorea at any time, or with evidence of residual cardiac damage.

(5) History of pulmonary or systemic embolization.

15-45 Abdominal Organs and Gastrointestinal System

(1) The causes for rejection are:

(a) Bile duct abnormalities or strictures.

(b) Cholecystectomy, sequelae of, such as postoperative stricture of the common bile duct, reforming of stones in hepatic or common bile ducts, or incisional hernia, or post cholecystectomy syndrome when symptoms are so severe as to interfere with normal performance of duty.

(c) Cholecystitis, acute or chronic, with or without cholelithiasis.

(d) Cirrhosis regardless of the absence of manifestations such as jaundice, ascites, or known esophageal varices.

(e) Abnormal liver function tests with or without history of chronic alcoholism.

(f) Fistula in anno.

(g) Gastritis, chronic hypertrophic.

(h) Hemorrhoids:

(1) External hemorrhoids producing marked symptoms.

(2) Internal hemorrhoids, if large or accompanied with hemorrhage or protruding intermittently or constantly.

(i) Hepatitis within the preceding 6 months, or persistence of symptoms after a reasonable period of time with objective evidence of impairment of liver function.

(j) Hernia.

(1) Hernia other than small asymptomatic umbilical or hiatal.

(2) History of operation for hernia within the preceding 60 days.

(k) Incontinence.

(l) Intestinal obstruction or authenticated history of more than one episode, if either occurred during the preceding 5 years or if resulting condition remains which produces significant symptoms or requires treatment.

(m) Anorectal strictures.

(n) Megacolon of more than minimal degree, or diverticulitis.

(o) Regional enteritis, and ulcerative colitis or history of.

(p) Irritable colon of more than moderate degree. History of chronic diarrhea.

(q) Pancreas, acute or chronic disease of.

(r) Rectum, stricture or prolapse of.

(s) Resection, gastric or bowel; gastroenterostomy, however minimal; intestinal resection in infancy or childhood (for example, for intussusception or pyloric stenosis) is acceptable if the individual has been asymptomatic since the resection and if surgical consultation (to include upper and lower gastrointestinal series) gives complete clearance.

(t) Scars

(1) Scars, abdominal, regardless of cause, which show hernial bulging or which interfere with movements.

(2) Scar pain associated with disturbance of function of abdominal wall or contained viscera.

(u) Sinuses of the abdominal wall.

(v) Splenectomy, by any cause.

(w) Symptomatic rectocele or anal fissure.

(x) Tumors.

(y) Ulcer

(1) Ulcer of the stomach or duodenum if diagnosis is confirmed by x-ray or endoscopic examination, or authenticated history thereof.

(2) Authentic history of surgical operations for gastric or duodenal ulcer.

(z) Other congenital or acquired abnormalities, e.g., GI bypass, stomach stapling, vertical bonding gastroplasty, for control of morbid obesity and defects which preclude satisfactory performance of military duty or which require frequent and prolonged treatment.

15-46 Endocrine and Metabolic Disorders

(1) The cause for rejection are:

(a) Adrenal gland malfunction, of any degree.

(b) Cretinism.

(c) Diabetes insipidus.

(d) Diabetes mellitus.

(e) Gigantism or acromegaly.

(f) Glycosuria, persistent, regardless of cause.

(g) Thyroid disorders

(1) Simple goiter with definite pressure symptoms or so large in size as to interfere with the wearing of a military uniform or military equipment.

(2) Thyroid nodule.

(3) Hyperthyroidism or thyrotoxicosis.

(4) Hypothyroidism.

(5) Thyroiditis.

(h) Gout.

(i) Hyperinsulinism, confirmed, symptomatic.

(j) Hyperparathyroidism and hypoparathyroidism

(k) Hypopituitarism.

(l) Myxedema, spontaneous or postoperative (with clinical manifestations and not based solely on thyroid function testing.)

(m) Nutritional deficiency diseases (including sprue, beriberi, pellagra, and scurvy) which are more than mild and not readily remediable or in which permanent pathological changes have been established.

(n) Other endocrine or metabolic disorders which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

15-47 Genitalia

(1) The cause for rejection are:

(a) Bartholinitis, Bartholin's cyst.

(b) Cervicitis, acute or chronic manifested by leukorrhea.

(c) Dysmenorrhea, incapacitating to a degree which necessitates recurrent absences of more than a few hours from routine activities.

(d) Endometriosis, unless surgically eradicated or controlled with medication.

(e) Hermaphroditism.

(f) Menopausal syndrome, either physiologic or artificial if manifested by more than mild constitutional or mental symptom, or artificial menopause if less than 13 months have elapsed since cessation of menses. In all cases of artificial menopause, the clinical diagnosis will be reported; if accomplished by surgery, the pathologic report will be obtained and recorded.

(g) Menstrual cycle, irregularities of, including menorrhagia, if excessive; metrorrhagia; polymenorrhea; amenorrhea, except as noted above.

(h) New growths of the internal or external genitalia except single uterine fibroid, subserous, asymptomatic, less than 3 centimeters in diameter, with no general enlargement of the uterus.

(i) Oophoritis, acute or chronic.

(j) Ovarian cysts, persistent and considered to be of clinical significance.

(k) Pregnancy.

(l) Salpingitis, acute or chronic.

(m) Testicles

(1) Absence of both testicles.

(2) Undiagnosed enlargement or mass of testicle or epididymis.

(3) Undescended testicle(s).

(n) Uterus

(1) Cervical polyps, cervical ulcer, or marked erosion.

(2) Endocervicitis, more than mild.

(3) Generalized enlargement of the uterus due to any cause.

(4) Malposition of the uterus if more than mildly symptomatic.

(5) PAP smears graded 2 through 4. Class 2 smears are acceptable if the diagnosis is benign.

(o) Vagina

(1) Congenital abnormalities or severe lacerations of the vagina.

(2) Vaginitis, acute or chronic, manifested by leukorrhea.

(p) Varicocele or hydrocele, if large or painful or any right varicocele unless urological evaluation reveals no disease.

(q) Vulva

(1) Leukoplakia.

(2) Vulvitis, acute or chronic.

(r) Major abnormalities and defects of the genitalia such as a change of sex, a history thereof, or dysfunctional residual from surgical correction of these conditions.

15-48 Urinary System

(1) The causes for rejection are:

(a) Proteinuria greater than 200 mgm/24 hr occurring 48 hours after last strenuous exercise. Well-documented orthostatic proteinuria refer for waiver consideration.

(b) Cystitis, chronic individuals with acute cystitis are unacceptable until the condition is cured.

(c) Enuresis determined to be a symptom of an organic defect not amenable to treatment.

(d) Epispadias or hypospadias when accompanied by evidence of infection of the urinary tract or if clothing is soiled when voiding.

(e) Hematuria, cylindruria, or other findings indicative of renal tract disease.

(f) Incontinence of urine.

(g) Kidney

(1) Absence of one kidney, regardless of cause.

(2) Acute or chronic infections of either kidney.

(3) Cystic or polycystic kidney, confirmed history of.

(4) Hydronephrosis or pyonephrosis.

(5) Nephritis, acute or chronic.

(6) Pyelitis or pyelonephritis.

(7) Horseshoe kidney.

(h) Penis, amputation of, if the resulting stump is insufficient to permit micturition in a normal manner.

(i) Peyronie's disease.

(j) Prostate gland, hypertrophy of, with urinary retention.

(k) Renal calculus

(1) Substantiated history of bilateral renal calculus at any time.

(2) Verified history of renal calculus at any time with evidence of stone formation within the preceding 12 months, current symptoms, or positive x-ray for calculus.

(l) Skeneitis.

(m) Urethra

(1) Stricture of the urethra.

(2) Urethritis, acute or chronic.

(n) Urinary fistula.

(o) Other diseases and defects of the urinary system which obviously preclude satisfactory performance of duty or which require frequent and prolonged treatment.

15-49 Extremities

(1) The causes for rejection are:

(a) ***Upper Extremities***

(1) ***Limitation of motion.*** An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below.

(a) Shoulder. Forward elevation to 90 degrees. Abduction to 90 degrees.

(b) Elbow. Flexion to 100 degrees. Extension to 15 degrees.

(c) Wrist. A total range of 60 degrees (extension plus flexion). Radial and ulnar deviation combined arch 30 degrees.

(d) Hand. Pronation to 45 degrees. Supination to 45 degrees.

(e) Fingers. Inability to clench fist, pick up a pin or needle, or grasp an object.

(2) ***Hand and fingers***

(a) Absence (or loss) of 1/3 of the distal phalanx of either thumb.

(b) Absence (or loss) of distal and middle phalanx of an index, middle, or ring finger of either hand irrespective of the absence (or loss) of little finger.

(c) Absence of more than the distal phalanx of any two of the following fingers, index, middle, or ring, of either hand.

(d) Absence of hand or any portion thereof except for fingers as noted above.

(e) Hyperdactylia.

(f) Scars and deformities of the fingers or hand which impair circulation, are symptomatic, are so disfiguring as to make the individual objectionable in ordinary social relationships, or which impair normal function to such a degree as to interfere with the satisfactory performance of military duty.

(3) ***Wrist, forearm, elbow, arm, and shoulder.*** Healed disease or injury of wrist, elbow, or shoulder with re-

sidual weakness or symptoms of such a degree as to preclude satisfactory performance of duty.

(b) ***Lower Extremities***

(1) ***Limitation of motion.*** An individual will be considered unacceptable if the joint ranges of motion are less than the measurements listed below:

(a) ***Hip***. Flexion to 90 degrees. Extension to 10 degrees. Abduction to 30 degrees. Rotation to 60 degrees (internal and external combined).

(b) ***Knee***. Full extension. Flexion to 100 degrees.

(c) ***Ankle***. Dorsiflexion to 10 degrees. Plantar flexion to 30 degrees. Eversion and inversion (total to 5 degrees).

(d) ***Toes***. Stiffness which interferes with walking, marching, running, or jumping.

(2) ***Foot and ankle***

(a) Absence of one or more small toes of one or both feet, if function of the foot is poor or running or jumping is precluded, or absence of foot or any portion thereof except for toes as noted herein.

(b) Absence (or loss) of great toe or loss of dorsal flexion thereof if function of the foot is impaired.

(c) Claw toes precluding the wearing of military foot gear.

(d) Clubfoot.

(e) Flatfoot, pronounced cases, with decided eversion of the foot and marked bulging of the inner border, due to inward rotation of the talus, regardless of the presence or absence of symptoms.

(f) Flatfoot, spastic.

(g) Hallux valgus, if severe and associated with marked exostosis or bunion.

(h) Hammer toe which interferes with the wearing of combat service boots.

(i) Healed disease, injury, or deformity including hyperdactylia which precludes running, is accompanied by disabling pain, or which prohibits wearing of combat service boots.

(j) Ingrowing toe nails, if severe, and not remediable.

(k) Obliteration of the transverse arch associated with permanent flexion of the small toes.

(l) Pes cavus, with contracted plantar fascia, dorsiflexed toes, tenderness under the metatarsal heads, and callosity under the weight bearing areas.

(3) ***Leg, knee, thigh, and hip***

(a) Untreated meniscal tear, loose or foreign bodies within the knee joint, or history of surgical correction of same if:

(1) Within the preceding 6 months.

(2) Six months or more have elapsed since operation without recurrence, and there is instability of the knee ligaments in lateral or anteroposterior directions in comparison with the normal knee or abnormalities noted on x-ray, there is significant atrophy or weakness of the thigh musculature in comparison with the normal side, there is not acceptable active motion in flexion and extension, or there are other symptoms of internal derangement.

(b) Authentic history or medical findings of an unstable or internally deranged joint causing disabling pain or seriously limiting function. Individuals with verified episodes of buckling or locking of the knee who have not undergone satisfactory surgical correction or if, subsequent to surgery, there is evidence of more than mild instability of the knee ligaments in medial, lateral, or anteroposterior directions in comparison with the normal knee, weakness or atrophy of the thigh musculature in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

(c) Authenticated history of hip dislocation within 2 years before examination or degenerative changes on x-ray from the old hip dislocation.

(d) Osteochondritis of the tibial tuberosity (Osgood Schlatter disease) if symptomatic or with obvious prominence of the part and x-ray evidence of a separated bone fragment.

(4) ***General***

(a) Deformities of one or both lower extremities which have interfered with function to such a degree as to prevent the individual from following a physically active vocation in civilian life or which would interfere with the satisfactory completion of prescribed training and performance of military duty.

(b) Diseases or deformities of the hip, knee, or ankle joint which interfere with walking, running, or weight bearing.

(c) Pain in the lower back or leg which is intractable and disabling to the degree of interfering with walking, running, and weight bearing.

(d) Shortening of a lower extremity resulting in any limp of noticeable degree.

(c) ***Miscellaneous***

(1) Arthritis

(a) Active or subacute arthritis, including Marie Strumpell type.

(b) Chronic osteoarthritis or traumatic arthritis of isolated joints of more than minimal degree, which has interfered with the following of a physically active vocation in civilian life or which precludes the satisfactory performance of military duty.

(c) Documented clinical history of rheumatoid arthritis, including ankylosing spondylitis.

(d) Traumatic arthritis of a major joint of more than minimal degree.

(2) Disease of any bone or joint, healed, with such resulting deformity or rigidity that function is impaired to such a degree that it will interfere with military service.

(3) Dislocation, old unreduced; substantiated history of recurrent dislocations of major joints; instability of a major joint, symptomatic and more than mild; or if, subsequent to surgery, there is evidence of more than mild instability in comparison with the normal joint, weakness or atrophy in comparison with the normal side, or if the individual requires medical treatment of sufficient frequency to interfere with the performance of military duty.

(4) Fractures

(a) Malunited fractures that interfere significantly with function.

(b) Ununited fractures.

(c) Any old or recent fracture in which a plate, pin, intramedullary rod, or screws were used for fixation and left in place and which may be subject to easy trauma, i.e., as a tibial plate, etc.

(5) Injury of a bone or joint within the preceding 6 weeks, without fracture or dislocation, of more than a minor nature.

(6) Joint replacement.

(7) Muscular paralysis, contracture, or atrophy, if progressive or of sufficient degree to interfere with military service.

(8) Myotonia congenital confirmed.

(9) Osteomyelitis, active or recurrent, of any bone or substantiated history of osteomyelitis of any of the long bones unless successfully treated 2 or more years previously without subsequent recurrence or disqualifying sequelae as demonstrated by both clinical and x-ray evidence.

(10) Osteoporosis.

(11)Chondromalacia, osteomalacia, or patello-femoral syndrome, manifested by verified history of joint effusion, interference with function, or residuals from surgery.

(12) Osteochondritis Desecrans, if symptomatic.

15-50 Spine and Sacroiliac Joints

(1) The causes for rejection are:

(a) Arthritis.

(b) Complaint of disease or injury of the spine or sacroiliac joints either with or without objective signs which has prevented the individual from successfully following a physically active vocation in civilian life. Documentation of the complaint is required if objective signs are absent.

(c) Deviation or curvature of the spine from normal alignment, structure, or function (scoliosis, kyphosis, or lordosis) if:

(1) Mobility and weight-bearing power is poor.

(2) More than moderate restriction of normal physical activities is required.

(3) Of such a nature as to prevent the individual from following a physically active vocation in civilian life.

(4) Of a degree which will interfere with the wearing of a uniform or military equipment.

(5) Symptomatic associated with positive medical findings and demonstrable by x-ray.

(6) Thoracic scoliosis greater than 30 degrees (Cobbs method). Lumbar scoliosis greater than 20 degrees (Cobbs method).

(d) Diseases of the lumbosacral or sacroiliac joints of a chronic type and associated with pain referred to the lower extremities, muscular spasm, postural deformities, or limitation of motion in the lumbar region of the spine.

(e) Granulomatous diseases either active or healed.

(f) Healed fracture of the spine or pelvic bones with associated symptoms which have prevented the individual from following a physically active vocation in civilian life or which preclude the satisfactory performance of military duty.

(g) Ruptured nucleus pulposus (herniation of intervertebral disk) or history of operation for this condition.

(h) Spondylolysis or spondylolisthesis that is symptomatic likely to interfere with performance of duty, or likely to require assignment limitations.

(i) Spina bifida when more than one vertebra is involved, if there is dimpling of the overlying skin, or a history of surgical repair for spina bifida.

(j) Juvenile epiphysitis with kyphosis or any degree of residual change indicated by x-ray.

(k) Osteomyelitis or suppurative periostitis of the vertebrae.

(l)Weak or painful back requiring external support.

15-51 Scapulae, Sternum, Clavicles, and Ribs

(1) The causes for rejection are:

(a) Fractures, until well-healed, and until determined that the residuals thereof will not preclude the satisfactory performance of military duty.

(b) Injury within the preceding 6 weeks, without fracture, or dislocation, of more than a minor nature.

(c) Osteomyelitis or suppurative periostitis of rib, sternum, clavicle, or scapula.

(d) Prominent (pectus carinatum) or depressed (pectus excavatum) scapulae interfering with function or with the wearing of the military uniform or military equipment or other congenital or acquired deformities of the chest wall that reduce the chest capacity or diminish respiratory or cardiac function to a degree that interferes with vigorous exertion.

15-52 Skin and Cellular Tissues

(1) The causes for rejection are:

(a) Acne. Severe, when the face is markedly disfigured, or when extensive involvement of the neck, shoulders, chest, or back would be aggravated by or interfere with the wearing of military equipment.

(b) Atopic dermatitis. With active or residual lesions in characteristic areas (face and neck, antecubital and popliteal fossae, occasionally wrists and hands), or documented history thereof.

(c) Cysts

(1) Cysts, other than pilonidal, of such a size or location as to interfere with the normal wearing of military equipment.

(2) Cysts, pilonidal, if evidenced by the presence of a tumor, mass, or a discharging sinus.

(d) Dermatitis factitia.

(e) Dermatitis herpetiformis.

(f) Eczema. Any type which is chronic and resistant to treatment.

(g) Elephantiasis or chronic lymphedema.

(h) Epidermolysis bullose; pemphigus.

(i) Fungus infection, systemic or superficial types: If extensive and not amenable to treatment.

(j) Furunculosis. Extensive, recurrent, or chronic.

(k) Hyperhidrosis of hands or feet, chronic or severe.

(l) Ichthyosis, severe.

(m) Leprosy, any type.

(n) Leukemia cutis mycosis fungoides; Hodgkins' disease.

(o) Lichen planus.

(p) Lupus erythematosus (acute, subacute, or chronic) or any other dermatosis aggravated by sunlight.

(q) Neurofibromatosis (Von Recklinghausen's disease).

(r) Nevi or vascular tumors, if extensive, unsightly, or exposed to constant irritation

(s) Psoriasis or a verified history thereof.

(t) Radiodermatitis.

(u) Scars or keloids which are so extensive, deep, or adherent that they may interfere with the wearing of military equipment, or that show a tendency to ulcerate.

(v) Scleroderma, diffuse type.

(w) Tuberculosis.

(x) Urticaria, chronic.

(y) Warts, plantar, which have materially interfered with the following of a useful vocation in civilian life.

(z) Xanthoma, if disabling or accompanied by hypercholesterolemia or hyperlipemia.

(aa) Any other chronic skin disorder of a degree or nature which requires frequent outpatient treatment or hospitalization, or interferes with the satisfactory performance of duty.

(bb) Tattoos that will significantly limit effective performance of military service.

15-53 Neurological Disorders

(1) The causes for rejection are:

(a) Any condition regardless of cause that:

(1) Impairs cognitive judgement or sensory or motor function.

(2) Results in incapacitating or recurrent pain or disturbance of consciousness, or equilibrium.

(b) Cerebrovascular conditions. Any history of cerebral embolism, vascular insufficiency, thrombosis, hemorrhage, arteriosclerosis, arteriovenous malformation, or aneurysm involving the central nervous system.

(c) Congenital malformations associated with neurological manifestations if likely to interfere with normal function or if expected to be progressive; meningocele even if uncomplicated.

(d) Degenerative disorders

(1) Basal ganglia disease.

(2) Cerebellar and Friedreich's ataxia.

(3) Dementia or organic brain syndrome.

(4) Multiple sclerosis or other demyelinating processes.

(5) Muscular atrophies and dystrophies of any type.

(6) Myotonias and myopathies.

(e) Headaches if they are of sufficient severity or frequency to interfere with normal function.

(f) Head injury.

(1) Applicants with a history of head injury with any of the following complications are unacceptable at any time:

(a) Late post traumatic epilepsy manifested by generalized or focal seizure, or multiple early post traumatic seizures.

(b) Transient or persistent neurological deficits indicative of parenchymal central nervous system injury, such as hemiparesis or hemianopsia, or other focal neurologic signs.

(c) Evidence of impairment of higher intellectual function or alterations of personality as a result of injury.

(d) Persistent focal or diffuse abnormalities of the electroencephalogram (EEG) reasonably assumed to be the direct result of injury.

(2) History of mild head injury (defined as loss of consciousness, amnesia, or the combination of the two for more than 5 minutes but less than 60 minutes), without linear skull fracture, is disqualifying for at least 6 months but may be acceptable if after that time neurological evaluation shows no residual dysfunction or complications.

(3) History of moderate head injury (defined as loss of consciousness, amnesia, or the combination of the two for more than 60 minutes but less than 24 hours), with no consideration for waiver for at least 2 years after the injury.

(4) History of severe head injury (defined as loss of consciousness, amnesia, or the combination of the two exceeding 24 hours), with no consideration for waiver for at least 5 years after the injury.

(g) Hereditary disturbances. Personal or family history of hereditary or genetic disturbances, such as multiple neurofibromatosis, Huntington's chorea, hepatolenticular degeneration (Wilson's disease), acute intermittent porphyria, peroneal muscular atrophy, and familial periodic paralysis.

(h) Infectious diseases. Meningitis, encephalitis, or poliomyelitis within 1 year prior to examination, or if there are residual neurological defects that would interfere with satisfactory performance of military duty.

(i) Disorders of altered consciousness:

(1) Seizure/Epilepsy. Any paroxysmal convulsive disorder, including generalized seizure or partial seizure.

(2) Pseudoseizures or nonepileptic seizures.

(3) Syncope.

(a) Any recurrent syncope.

(b) Syncope related to hypersensitive reflex.

(j) Spinal cord or column disorders resulting in motor, sensory, gait, or genitourinary dysfunction or chronic pain syndrome.

(k) Peripheral nerve disorder:

(1) Neuritis, neuropathy, or radiculopathy authenticated history of, whatever the etiology, unless:

(a) Limited to a single episode.

(b) The condition has completely subsided and the cause is determined to be of no future concern.

(c) The acute state subsided at least 1 year prior to the examination.

(d) There are no residuals that could be expected to interfere with normal function.

(2) Neuralgia (painful neuropathy) which is chronic, recurrent, or periodically incapacitating.

(3) Injury of one or more peripheral nerves, unless it is not expected to interfere with normal function.

(l) Myasthenia gravis or other neuromuscular junction disorder.

(m) Movement disorders including chorea, athetosis, torticollis, dystonia, or substantial tremor.

(n) Central nervous system shunts of all types.

(o) Evidence or history of involvement of the nervous system by toxic, metabolic, degenerative or nutritional disease process if there is any indication that such involvement is likely to interfere with normal function.

15-54 Psychiatric

(1) The causes for rejection are:

(a) Psychosis or authenticated history of a psychotic illness other than those of a brief duration associated with a toxic or infectious process.

(b) Affective disorders (mood disturbances), symptoms, diagnosis, or history requiring:

(1) Hospitalization.

(2) Prolonged care by a physician or other professional.

(3) Loss of time from normal pursuits for repeated periods even if of brief duration.

(4) Symptoms or behavior of a repeated nature which impairs social, school, or work efficiency.

(5) History of a brief affective disorder or nervous disturbance within the preceding 12 months which was sufficiently severe to require medical attention or absence from work or school.

(c) Anxiety, (somatoform, dissociative, or factitious disorders), symptoms, diagnosis, or history requiring:

(1) Hospitalization.

(2) Prolonged care by a physician or other professional.

(3) Loss of time from normal pursuits for repeated periods even if of brief duration.

(4) Symptoms or behavior of a repeated nature which impairs social, school, or work efficiency.

(d) Personality, behavior, or learning disorders

(1) Personality or behavior disorders, as evidenced by frequent encounters with law enforcement agencies, antisocial attitudes or behaviors which are tangible evidence of an impaired characterological capacity to adapt to the military service.

(2) Personality or behavior disorders where it is evident by history, interview, or psychological testing that the degree of immaturity, instability, personality inadequacy, impulsiveness, or dependency will seriously interfere with adjustment in the Navy as demonstrated by repeated ability to maintain reasonable adjustment in school, with employers and fellow workers, and other social groups.

(e) Other behavior problems including but not limited to conditions such as authenticated evidence of functional enureses, sleepwalking, sleep disorders, parasomnia, or eating disorders which are habitual or persistent. Stammering or stuttering of such a degree that the individual is normally unable to express themselves clearly or to repeat commands.

(f) Specific learning defects sufficient to impair capacity to read and understand at a level acceptable to perform military duties must be addressed administratively.

(g) Suicide, history of attempted suicide or suicidal gesture.

(h) Psychosexual conditions.

(1) Homosexual behavior, which include all homosexual activity except adolescent experimentation.

(2) Transsexualism and other gender identity disorders.

(3) Exhibitionism, transvestism, voyeurism, and other paraphilias.

(i) Substance misuse

(1) Chronic alcoholism or alcohol addiction or dependence.

(2) Drug addiction or dependence.

(3) Drug abuse characterized by:

(a) The evidence of use of any controlled hallucinogenic, or other intoxicating substance at the time of examination, when the use cannot be accounted for as a result of the advice of a recognized health care practitioner.

(b) Documented misuse or abuse of any controlled substance (including cannabinoids) requiring professional care within the year prior to examination. Use of marijuana or other cannabinoids (not habitual use) or experimental or casual use of other drugs short of addiction or dependence may be waived by competent authority as established by Navy, if there is evidence of current drug abstinence and the individual is otherwise qualified for service.

(c) The repeated self procurement and self administration of any drug or chemical substance, including cannabinoids, with such frequency that it appears the applicant has accepted the use of or reliance on these substances as part of their pattern of behavior.

(4) Alcohol abuse. Repeated use of alcoholic beverages which leads to misconduct, unacceptable social behavior, poor work or academic performance, impaired medical or mental health, lack of financial responsibility, or a disrupted personal relationship within 1 year of examination.

15-55 Dental

(1) The causes for rejection are:

(a) Diseases or abnormalities of the jaws or associated tissues which are not easily remediable and which will incapacitate the individual or prevent the satisfactory performance of military duty.

(b) Malocclusion, severe, which interferes with the mastication or a normal diet.

(c) Oral tissues, extensive loss of, in an amount that would prevent replacement of missing teeth with a satisfactory prosthetic appliance.

(d) Orthodontic Appliances. Individuals who have orthodontic appliances and who are under active treatment are administratively unacceptable for enlistment or induction in the active or Reserve components of the Navy and Marine Corps. Individuals undergoing orthodontic care are acceptable for enlistment in the Delayed Entry Program or a Reserve Component of the Navy and Marine Corps only if a civilian or a military orthodontist provides documentation that active orthodontic treatment will have been completed prior to entry on initial active duty for training or active duty. Individuals with retainer orthodontic appliances who are not required to undergo active treatment are administratively acceptable for enlistment, commissioning, initial active duty for training, or active duty status.

(e) Relationship between the mandible and maxilla of such a nature as to preclude future satisfactory prosthodontia replacement.

15-56 Blood and Blood Forming Tissue Diseases

(1) The causes for rejection are:

(a) Anemia:

(1) Blood loss anemia until both anemia and basic cause are corrected.

(2) Deficiency anemia, not controlled by medication.

(3) Abnormal destruction of RBC'S: Hemolytic anemia.

(4) Faulty RBC morphology: Hereditary hemolytic anemia, thalassemia, and sickle cell anemia.

(5) Sickle cell trait if HbS is greater than HbA by electrophoresis determination.

(6) Myelophthisic anemia: Myelomatosis, leukemia, Hodgkin's disease.

(7) Primary refractory anemia: Aplastic anemia, DiGuglielmo's syndrome.

(b) Hemorrhagic states:

(1) Due to changes in coagulation system (hemophilia, etc.).

(2) Due to vascular instability.

(3) Due to quantitative or qualitative platelet deficiency:

(c) Leukopenia, chronic or recurrent associated with increased susceptibility to infection.

(d) Myeloproliferative disease (other than leukemia) :

(1) Myelofibrosis.

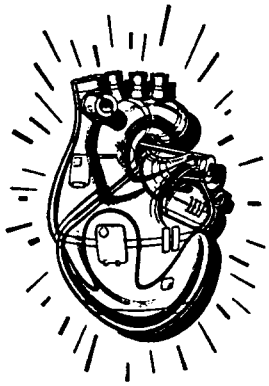
(2) Megakaryocytic myelosis.

(3) Polycythemia vera.

(e) Splenomegaly until the cause is remedied.

(f) Thromboembolic disease except for acute, nonrecurrent conditions.

(g) Immunodeficiency diseases.



15-57 Systemic Diseases

(1) The causes for rejection are:

(a) Amyloidosis.

(b) Ankylosing spondylitis.

(c) Eosinophilic granuloma, when occurring as a single localized bony lesion and not associated with soft tissue or other involvement, should not be cause for rejection once healing has occurred. All other forms of the histiocytosis X spectrum should be rejected.

(d) Lupus erythematosus, acute, subacute, or chronic.

(e) Mixed connective tissue diseases.

(f) Polymyositis/dermatomyositis complex.

(g) Progressive systemic sclerosis, including calcinosis, Raynaud's phenomenon, esophageal dysfunction, sclerodactyly, and telangiectasis (CREST) variant.

(h) Psoriatic arthritis.

(i) Reiter's disease.

(j) Rheumatoid arthritis.

(k) Rhabdomyolysis, or history thereof.

(l) Sarcoidosis, unless there is substantiated evidence of a complete spontaneous remission of at least 2 year duration.

(m) Sjogren's syndrome.

(n) Vasculitis (Bechet's, Wegener's, Polyarteritis nodosa).

15-58 General and Miscellaneous Conditions and Defects

(1) The causes for rejection are:

(a) Allergic manifestations (atopic diseases)

(1) Allergic rhinitis (hay fever).

(2) Reactive airway disease (asthma) (see article 15-41(1)(b)).

(3) Allergic dermatoses.

(4) Visceral, abdominal, and cerebral allergy, if severe or not responsive to treatment.

(5) Bona fide history of moderate or severe generalized (as opposed to local) allergic reaction to insect bites or stings. Bona fide history of severe generalized reaction to common foods, e.g., milk, eggs, beef, chicken, and pork.

(b) Any acute pathological condition, including acute communicable diseases, until recovery has occurred without sequelae.

(c) Any deformity which is markedly unsightly or which impairs general functional ability to such an extent as to prevent satisfactory performance of military duty.

(d) Chronic metallic poisoning especially beryllium, manganese, and mercury. Undesirable residuals from lead, arsenic, or silver poisoning make the examinee medically unacceptable.

(e) Cold injury. Residuals of frostbite, chilblain, immersion foot, or trench foot, such as deepseated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis, amputation of any digit, or ankylosis.

(f) Filariasis; trypanosomiasis; amebiasis; schistosomiasis; uncinariasis (hookworm) associated with anemia, malnutrition, etc., if more than mild, and other similar worm or animal parasitic infestations, including the carrier states thereof.

(g) Heat pyrexia (heatstroke, sunstroke, etc.): Documented evidence of predisposition (includes disorders of sweat mechanism and previous serious episode), recurrent episodes requiring medical attention, or residual injury resulting therefrom (especially cardiac, cerebral, hepatic, and renal). Any history of malignant hyperthermia.

(h) Industrial solvent and other chemical intoxication, chronic including carbon bisulfide, trichlorethylene, carbon tetrachloride, and methyl cellosolve.

(i) Mycotic infection of internal organs.

(j) Myositis or fibrositis; severe, chronic.

(k) Residuals of tropical fevers and various parasitic or protozoal infestations which in the opinion of the medical examiner preclude the satisfactory performance of military duty.

(l) The presence of HIV (HTLVIII) antigen or antibody by approved confirmatory test.

(m) Motion sickness, severe or incapacitating.

15-59 Benign Tumors

(1) The causes for rejection are:

(a) Any tumor of the:

(1) Auditory canal, if obstructive.

(2) Eye or orbit.

(3) Kidney, bladder, testicle, or penis.

(4) Central nervous system and its membranous coverings unless 5 years after surgery and no disqualifying residuals of surgery exists.

(b) Benign tumors of the abdominal wall if sufficiently large to interfere with military duty.

(c) Benign tumors of bone likely to continue to enlarge, be subjected to trauma during military service, or show malignant potential.

(d) Benign tumors of the thyroid or other structures of the neck, including enlarged lymph nodes, if the enlargement is of such degree as to interfere with the wearing of a uniform or military equipment.

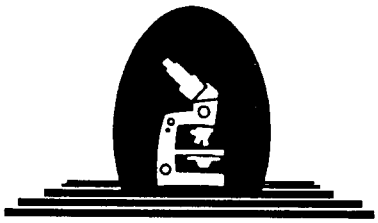
(e) Tongue, benign tumor of, if it interferes with function.

(f) Tumors of breast, thoracic contents, or chest wall, other than fibromata lipomata, and inclusion or sebaceous cysts which do not interfere with military duty.

(g) Benign tumors of the respiratory, gastrointestinal, genitourinary, or musculoskeletal systems that interfere with function.

(h) Neuromas that are painful.

(i) Any benign tumor that interferes with the wearing of a uniform or military equipment.



15-60 Malignant Diseases and Tumors

(1) The causes for rejection are:

(a) Leukemia, acute or chronic.

(b) Malignant lymphomata.

(c) Malignant tumor (except for small early basal cell epitheliomas), at any time, even though surgically removed.

(d) Multiple myeloma.

15-61 Sexually Transmitted Diseases

(1) The causes for rejection are:

(a) Chronic sexually transmitted disease which has not satisfactorily responded to treatment. The finding of a positive serologic test for syphilis following the adequate treatment of syphilis is not in itself considered evidence of chronic sexually transmitted disease which has not responded to treatment.

(b) Positive serologic tests for syphilis (STS) with negative TPI test unless there is a documented history of adequately treated lues or any of the several conditions which are known to give a false-positive STS (vaccinia, infectious hepatitis, immunizations, atypical pneumonia, etc.) or unless there has been a reversal to a negative STS during an appropriate followup period (3 to 6 months).

(c) Complications and permanent residuals of sexually transmitted disease if progressive, of such nature as to interfere with the satisfactory performance of duty, or if subject to aggravation by military service.

(d) Neurosyphilis.

15-62 Height, Weight, and Body Build

(1) ***Height***

(a) ***Men.*** Applicants must not be less than 60 inches (62 inches for URL, USNA, and NROTC) (66 inches for USMC officers applicants) nor more than 78 inches in height.

(b) ***Women.*** Applicants must not be less than 58 inches nor more than 78 inches in height.

(2) ***Weight/Percent Body Fat***. Weight standard is prescribed by the service concerned. However, even though within these standards, the examinee will be considered medically unacceptable if the examiner considers that the individual's weight in relation to bony structure and musculature constitutes obesity. Reference to the appropriate service directives should be made.

(3) ***Body Build.*** The following are cause for rejection:

(a) Deficient muscular development which would interfere with the completion of required training.

(b) Evidences of congenital asthenia.

Section IV
SPECIAL DUTY

15-63 General

(1) Certain groups of personnel, by reason of the particular type of duty to which they will be assigned, are required to meet physical standards which differ from those stated in the preceding section. For military personnel the physical standards for initial enlistment or commission listed in the preceding section apply to these special groups as well as the applicable standards listed in this section. Civilian personnel must meet civil service employment standards and the applicable standards listed in this section. The special duty standards are not all inclusive but are representative of the requirements which most often affect physical qualification for the special duties defined in this section. This section does not apply to medical surveillance examinations conducted for the Navy's Occupational Safety and Health Program (OPNAVINST 5100.23 series).

(2) Except as stated below, all medical examinations for initial application for a special duty must be performed by a medical officer or a DoD civilian physician. Normally, for operational units, the responsible medical officer of the unit, e.g., the squadron or group medical officer, will perform special duty examinations. If there is not a unit medical officer, one assigned to a supporting clinic, hospital, or related operational unit should perform the examination.

(3) Physician assistants (PA) and nurse practitioners may perform special duty examinations when a medical officer or DoD physician is not available or examination workload necessitates. When PAs and nurse practitioners perform special duty examinations, the examination must be countersigned, in block 80 of the SF-88, by a physician.

(4) Medical examinations conducted for any purpose will include, as an additional purpose, any special duty to which

the member is currently assigned. The examiner must make a determination of physical qualification for each type special duty listed. In the course of the examination any finding that would cause the member to be found NPQ for full duty must be referred for medical board action.

(5) Waivers to the physical standards will be considered on an individual basis. Each case will be considered based on risks to the individual, unit's crew, unit's mission, capabilities of the unit's medical personnel, limitations of the unit's medical facilities, examiner's recommendation, and the needs of the Navy. Request for waivers of physical standards, along with command endorsements if appropriate, will be submitted per section V of this chapter.

(6) Examinations of candidates for the special duties listed must be completed within the year prior to application, except examinations for aviation duty must be completed within the preceding 18 months.

15-64 Antarctic "Operation DEEP FREEZE"

(1) ***Purpose.*** The purpose of this examination is to identify civilian DoD employees and contract personnel, visitors, and military personnel who are physically qualified and psychologically adapted for assignment (regardless of assignment category, i.e., summer support or winterover, per SECNAVINST 3160.2 series, OPNAVINST 3120.20 series and MILPERSCOM Notice 1300) or travel to any antarctic research or support station operated by the U.S Antarctic Program (USAP). In addition, U.S. and foreign national visitors sponsored by the National Science Foundation (NSF) or other agencies must also meet the standards outlined by this article before they can be medically approved to visit Antarctica. Duty in Antarctica is medically remote. Medical facilities in Antarctica are limited, and may be distant from working or research sites. Depending on assignment, personnel may be working at terrestrial elevations as high as 12,000 feet (3,600 meters) and at temperature as low as -123°F (-86°C) and may be isolated for up to 9 months. Although every effort is made to provide comfortable, safe, and pleasant living conditions, the nature of the Antarctic environment with its potential hazards and extreme remoteness from major medical facilities make stringent medical and surgical history and medical examination screening mandatory to ensure freedom from any disability which might imperil health, restrict activity, or create a burden or hazard for others.

(2) ***Additional Standards.*** Any physical defect or disease process though not specifically mentioned in this article, but considered to be a liability to the candidate or the mission, may be cause for rejection. Specific items that may be cause for rejection are listed in section III. Included below are exceptions to section III or are included for emphasis:

(a) ***Nose***. Recurrent or unresolved epistaxis.

(b) ***Lungs and Chest Wall***

(1) Chronic obstructive pulmonary disease, diagnosed by x-ray or pulmonary function test, of any etiology.

(2) Acute bronchopulmonary infection, until resolved.

(3) Repeated pulmonary embolism or recurrent spontaneous pneumothorax.

(4) Reactive airway disease or asthma.

(c) ***Heart and Vascular System***

(1) Hypertension requiring two drug therapies for control. Evidence of progressive target organ damage.

(2) Paroxysmal dysrhythmia, e.g., paroxysmal atrial tachycardia, and conduction abnormalities reflecting underlying heart disease.

(d) ***Abdominal Organs and Gastrointestinal System***

(1) Chronic or active peptic ulcer disease, diverticulitis, regional enteritis, or any chronic inflammatory bowel disease.

(2) Symptomatic chronic or recurrent biliary tract disease or pancreatitis.

(3) Unrepaired inguinal, umbilical, or femoral hernias.

(4) Frequently or severely symptomatic hemorrhoids must be repaired.

(e) ***Endocrine and Metabolic Disorders***

(1) Diabetes mellitus.

(2) Any endocrinopathy requiring close monitoring and adjustment of exogenously administered hormones.

(f) ***Genitalia and Urinary System***

(1) History of urinary tract lithiasis.

(2) Chronic or acute pyelonephritis or glomerulonephritis.

(3) Significant dysmenorrhea or menorrhagia.

(4) Pregnancy.

(5) PAP Smear results may be class I and II for summer support, must be class I for winter over.

(6) Any history of treated cervical dysplasia requiring frequent examinations and PAP smears.

(g) ***Musculoskeletal***

(1) Chronic or frequently recurring lumbosacral pain or unresolved back injury.

(2) Instability of the knee or ankle.

(3) Post traumatic or post surgical arthralgia or ankylosis of the hip, knee, or ankle.

(4) Recurrent dislocation of the shoulder.

(5) Persons with metallic orthopedic devices such as pins, nails, or plates should be carefully evaluated. Pain upon exposure to cold often occurs.

(h) ***Skin and Cellular Tissues.*** Any chronic dermatosis which would be exacerbated by the extreme cold and dryness of Antarctica, wearing of woolen garments, or requiring complicated treatment.

(i) ***Neurological Disorders.*** Any seizure disorder.

(j) ***Psychiatric***

(1) History or manifestations of psychosis, permanent brain syndromes, significant neuroses or psychophysiologic disorders, and personality disorders.

(2) Subjects without formal psychiatric diagnosis who have experienced chronically or intermittently conflictual relationships, intolerance for environmental stress, a pattern of marginal performance, injudicious consumption of alcohol or other intoxicant substances, abhorrent sexual maturation, or similar identifiable potentials for psychosocial maladaptation.

(3) Recovering alcoholics requiring continued professional support. A minimum of 1 year of sobriety is required.

(k) ***Dental***

(1) Nonrestored teeth or periodontal disease.

(2) Symptomatic or potentially symptomatic third molars, until extracted and healing is completed.

(3) Dental classifications other than class 1.

(l) ***Systemic diseases and miscellaneous conditions***

(1) Allergic manifestations which require allergy immunotherapy (AIT). This may be wavered if the AIT can be discontinued while in the Antarctic. This interruption in desensitization therapy must be voluntary on the part of the individual and only upon the advice of the individual's allergist.

(2) Any disability significantly limiting physical activity.

(3) Any illness or condition requiring chronic maintenance medication, which would be exacerbated if the medication were unavailable.

(4) Any malignant neoplasia not considered to have been cured. This includes malignancies currently in remission.

(m) ***Body fat.*** Clinical obesity. The examining physician will determine if the candidate is obese according to height, weight, and body build and general physical condition. Military candidates will be subject to current directives applicable to their branch of service.

(3) ***Special studies.*** In addition to the special studies required in article 15-9, the below listed studies will be performed.

(a) All winterover personnel will have a psychiatric evaluation conducted at designated medical facilities. Examinees will be notified individually of the date and location of this evaluation. The psychologic test forms and the results of the psychological assessment, psychiatric examination, and combined evaluation will be forwarded directly to Force Medical Officer, Commander, U. S. Naval Support Force, Antarctica, FPO San Francisco 96601.

(1) Antarctic Assignment Questionnaire, NAVMED 6520/8, will be completed, dated, and signed by each winter-over candidate and must be reviewed by a psychiatrist or clinical psychologist as part of their evaluation.

(2) Psychiatric Evaluation Form, NAVMED 6520/9 and Psychological Evaluation Form, NAVMED 6520/10 will be completed by the psychiatrist and clinical psychologist separately, immediately following the interview of the candidate.

(3) Combined Evaluation Form, NAVMED 6520/11 will be completed jointly by the psychiatrist and clinical psychologist.

(4) The completed forms will become a permanent part of the candidates assessment and evaluation record maintained by Medical Department, Naval Support Force, Antarctica, Port Hueneme, CA.

(b) All winterover personnel will have a chest x-ray.

(c) All personnel will have a Type II dental examination (including bite wing x-rays) and a periodontal examination. Winterover personnel will also have a full set of mouth x-rays or a panorex performed.

(4) ***Annual evaluation.*** An annual evaluation will be completed while assigned to the Antarctica program. The following are minimum requirements for an annual evaluation, but may be expanded as required, based on the interval medical history, health risk assessment, and whatever physical findings are noted.

(a) Review of ENT status (history of current or recent problems), including audiometric examination if not performed during the preceding 12 months.

(b) Cardiovascular status (history of current or recent problem). EKG tracing.

(c) Pulse and blood pressure (sitting).

(d) Height/weight/percent body fat.

(e) Summary of medical care received in previous 12 months.

(f) Summary of current or recent treatment required.

(g) Statement of qualification for assignment to Antarctica.

(h) The results of the evaluation should be entered on the Chronological Record of Medical Care (SF-600).

(5) ***Periodicity***

(a) Medical examinations, recorded on SF-88 and SF-93 will be completed at the periodicity of article 15-11 except

for winter-over military, DoD civilian, and civilian contract personnel who will be examined prior to deployment.

(b) Personnel who return to the Antarctic Program after an absence of 2 or more years, regardless of cause, will be examined as an initial candidate.

(6) ***Special Reporting Requirements***

(a) ***Military and civilian DoD candidates.*** A complete examination will be conducted by the member's current command after being ordered to Naval Support Force Antarctica or Antarctic Development Squadron SIX. Forward the completed examination, SF-88 and SF-93, along with any indicated consultations, to the Commander, U.S. Naval Support Force, Antarctica, FPO San Francisco 96601 or Antarctic Development Squadron SIX, FPO San Francisco 96601 for approval prior to actual transfer.

(b) ***Civilian contract candidates.*** A complete examination will be performed by a private physician. Results will be forwarded to the above address via the NSF contractor, for final approval prior to deployment. Winter-over candidates will be scheduled for the psychiatric examination upon approval of the medical and dental examinations. To ensure all requirements are met initially, civilian contract personnel are encouraged to correspond with the force medical officer prior to completing their examination.

(7) ***Additional Information***

(a) For personnel requiring vision correction, two pairs of standard spectacles are required plus one pair of corrected sunglasses. All personnel must have sunglasses for wear when working outside in the Antarctic. Members may, at their option, but not at Navy expense, wear contact lenses, if appropriately fitted and evaluated for remote duty, but must also have a pair of spectacles.

(b) The examiner must note all medication on the SF-93. Personnel will be required to bring a sufficient supply of chronic medication to complete the expected period of deployment.

(c) Also note, on the SF-93, any previous Arctic, Antarctic, or isolated duty the individual has had.

(8) ***Waivers.*** All waiver requests will be submitted, per section V of this chapter, via the chain of command, to Commander, U.S. Naval Support Force, Antarctica for disposition.

15-65 Aviation Duty

(1) ***Purpose***. Aviation physical standards are developed to assure that only the most qualified personnel are accepted into naval aviation. Certain disease states and physical conditions are incompatible with the dual principles of sustaining safety of flight and maintaining the health of the individual. Aviation physical standards are established and maintained on this basis.

(2) ***General.*** All personnel engaged in duties involving flying (including those assigned duty involving flying denied (DIFDEN)) and all candidates for such duty, must conform to the physical standards in this article. Certain nonflying aviation related occupations such as air traffic controllers (ATC) are also covered by this article.

(a) The aviation medical examination must be performed by an aviation designated medical officer who is authorized by BUPERS, or by proper authority of the Army or Air Force to conduct such examinations. Flight surgeons (FS), aviation medical examiners (AME), and aviation medical officers (AMO) are authorized to perform aviation medical examinations.

(b) An aviation medical examination is conducted to determine whether or not an individual is both physically qualified and aeronautically adapted to engage in duties involving flight. The extent of the examination is determined by the type of duty to be performed.

(1) Physically qualified describes those individuals who meet all physical qualifications outlined herein and possess the overall general health to satisfactorily perform in the naval aviation environment.

(2) Aeronautical Adaptability (AA)

(a) Aeronautical adaptability is determined by a naval flight surgeon during an evaluation of overall qualification for duty involving flight. AA has its greatest utility in the selection of aviation officer candidates (AOCs), naval aviation cadets (NAVCADS), student naval aviators (SNAs), student naval flight officers (SNFOs), student naval flight surgeons (SNFSs), student naval aerospace physiologists (SNAPs), student naval aerospace experimental psychologists (SNAEPs), and enlisted air crew candidates.

(b) Candidates or students must demonstrate reasonable perceptual, cognitive, and psychomotor skills on the AQT/FAR (officer applicants only) and must have the potential to adapt to the rigors of aviation by possessing the temperament, flexibility, and mature defense mechanisms to allow for full attention to flight and successful completion of training. Before selection, candidates are to be interviewed

by the flight surgeon for evidence of early interest in aviation, motivation to fly, absence of motion sickness, and practical appreciation of flight beyond childhood fantasy. Evidence of positive stress coping skills and good interpersonal relationships should also be thoroughly evaluated. Results of the flight surgeon's interview are to be entered in item 73 of the candidate's SF-88, as illustrated in chapter 16.

(c) Designated aviation personnel are generally considered aeronautically adapted on the basis of demonstrated performance, ability to tolerate the stress of operational training and deployment, and long-term use of mature defense mechanisms.

(d) The Field Naval Aviator Evaluation Board (FNAEB) is the normal mechanism for handling administrative difficulties encountered with aviator performance, motivation, attitude, technical skills, flight safety, and mission execution.

(e) When evaluation of designated aviation personnel suggests that an individual is no longer aeronautically adapted, refer the member to the Naval Aerospace Medical Institute (NAVAEROSPMEDINST). See article 15-65(6)(b).

(c) Candidates applying for training must meet the physical standards for general service outlined in section III.

(d) The medical examination must state the specific duty for which the examinee is applying or is to perform.

(e) The report of the medical examination will be recorded on the SF-88 and a copy kept on file by the facility performing the examination for 3 years.

(f) All military exchange officers, regardless of service, when on duty in the naval service must meet the standards in this section. In all other respects, the Navy will accept the physical standards of the military service by which the individual has been found qualified.

(g) All aviation personnel (officer and enlisted) will undergo a complete aviation medical examination (SF-88 and SF-93 or NAVMED 6120/2, as appropriate) within 30 days of their birthday at ages 21, 24, 27, 30, 33, 36, 39, and annually there after.

(1) Student officers while in flight training will undergo annual aviation medical examinations within 30 days of their birthday.

(2) Candidates for all categories of aviation (including air traffic controllers), upon reporting to the Chief of Naval Air Training must hold a valid BUMED endorsed aviation medical examination in their Health Record before starting instructional flight.

(3) Naval aviation personnel are considered to have passed an aviation medical examination when the examiner determines they are physically qualified and aeronautically adapted for the duties of their designator or candidate status. This is indicated by issuing an Aeromedical Clearance Notice (NAVMED 6410/2).

(h) When the flight status of an individual has been denied or restricted by BUPERS or CMC, this decision remains in effect until officially superseded by BUPERS or CMC.

(3) ***Interval Annual Aeromedical Evaluation***. Aviation officer personnel and the following enlisted personnel: aviation physiology technicians assigned to chamber duties; naval aircrew members assigned to sea air rescue (SAR) duties; personnel assigned to duties in aircraft equipped with ejection seats; air traffic controllers; aircrew responsible for or in control of flight instruments (e.g., flight engineers); aircrew assigned as helicopter crewchief; and any other aviation rated personnel involved in flight duties as determined at the local command level or by OPNAVINST 3710.7 series are required to be evaluated annually within 30 days of their birthday and certified physically qualified for continued aviation duties by the issuance of a NAVMED 6410/2. The following are minimum requirements for an annual aeromedical evaluation, but may be expanded as required, based on the interval medical history, health risk assessment, and whatever physical findings are noted.

(a) Distant and near visual acuity tested on the Armed Forces Vision Tester (AFVT) with and without corrective lenses.

(b) Review of ENT status (history of current or recent problems), including audiometric exam if not performed during the preceding 12 months.

(c) Cardiovascular status (history of current or recent problem).

(d) Pulse and blood pressure (sitting).

(e) Height/weight/percent body fat.

(f) Summary of medical care required in previous 12 months.

(g) Summary of current or recent treatment required.

(h) Statement of qualification for assigned flight duties.

(i) Disposition entry on NAVMED 6150/2, Special Duty Medical Abstract.

(j) The results of the evaluation should be entered on the SF-600. If a disqualifying defect is discovered during this evaluation, the member must receive a full aviation medical examination.

(4) ***Other Required Physical Examination Submissions.*** In the following situations a complete aviation physical examination must be completed and submitted to NAMI (Code 42) for BUMED endorsement:

(a) As a result of a complete physical examination of Class I personnel, the flight surgeon recommends a temporary (in excess of 30 days) or permanent change in service group or flying status.

(b) A report to BUMED is specifically directed by proper authority.

(c) Naval aviation personnel, Class 1 and 2 are found disqualified and this status is expected to be in effect longer than 30 days.

(d) Naval aviation personnel who were disqualified and so reported to BUMED are subsequently found to be qualified.

(e) After the examination of aviation personnel of any classification, the flight surgeon or board of flight surgeons considers a review of the findings by BUMED advisable.

(f) Class 1 and 2 personnel have appeared before a medical board and have been found fit for full or limited duty.

(g) Following the discharge from the hospital of any Class 1 or 2 personnel.

(h) If the last BUMED-endorsed SF-88 is over 3 years old, for those personnel requiring triennial endorsement.

(5) ***Aeromedical Grounding Notice (NAVMED 6410/1) and Aeromedical Clearance Notice (NAVMED 6410/2)***. All aviation personnel admitted to the sicklist, hospitalized, or determined to be physically unable to perform flight duties will be issued a Aeromedical Grounding Notice, and an entry will be made in the members Health Record on the Special Duty Medical Abstract (NAVMED 6150/2). This grounding notice will remain in effect until the member has been examined by a flight surgeon and found physically qualified. At such time, an Aeromedical Clearance Notice will be issued recommending returning the member to flight status and a corresponding Health Record entry made on the NAVMED 6150/2.

(a) Dental officers are authorized to issue a self-expiring Aeromedical Grounding Notice when a member on flight status receives a local anesthetic.

(b) All Medical Department personnel are authorized to issue an Aeromedical Grounding Notice.

(c) Flight surgeons, aviation medical officers, and aviation medical examiners are the only personnel normally authorized to issue an Aeromedical Clearance Notice. In remote locations, where the services of the above medical officers are not available, any specifically designated Medical Department representative may issue an Aeromedical Clearance Notice provided prior approval is received from an aviation-qualified medical officer.

(6) ***Boards of Flight Surgeons***

(a) ***Local Board of Flight Surgeons***

(1) The purpose of the local board of flight surgeons is to provide a prompt and impartial recommendation as to the aeronautical adaptability and physical qualification of any member of the naval aviation community.

(2) The local board of flight surgeons may be convened by the local aviation commander on the recommendation of the individual's flight surgeon or may be convened by higher authority.

(3) Medical commanders must make every effort to provide the highest level of aviation designated medical personnel from local or nearby facilities for membership on the board.

(4) The local board of flight surgeons will consist of a least three medical officers, two of whom must be flight surgeons. In the case of a member being followed by a specialist, recommend a medical officer designated in the appropriate specialty be assigned to the board.

(5) The board will make a recommendation concerning the individual's ability to perform in their assigned flight status.

(6) The recommendation of the board will be considered final unless overturned by higher authority. If the local board recommends that a waiver of physical standards is appropriate, the senior member of the board may issue an Aeromedical Clearance Notice to the individual pending final approval from BUPERS or CMC.

(7) The findings of the board, along with a current SF-88 and SF-93 and all medical documentation considered by the board, will be forwarded to BUPERS or CMC, via the appropriate chain of command and NAVAEROSPMEDINST (Code 42) within 10 working days.

(b) ***Special Board of Flight Surgeons***

(1) The purpose of the Special Board of Flight Surgeons is to provide special consultative services to assist BUMED in evaluating aviation personnel and making recommendation to BUPERS or CMC.

(2) The board will be convened by the Commanding Officer, NAVAEROSPMEDINST. The request to convene a special board will normally be made by the individual's commanding officer based on the recommendations of a Local Board of Flight Surgeons.

(3) If approved by Commanding Officer, NAVAEROSPMEDINST, a recommendation will be made to BUPERS or CMC to order the member to NAVAEROSPMEDINST.

(c) The Senior Board of Flight Surgeons at BUMED, is the final reviewing authority for all aeromedical dispositions. A standing board of senior flight surgeons will be maintained by BUMED for reviewing policy proposals to forward to CNO and CMC, and to serve as an appeal board to review aeromedical dispositions as requested by BUPERS, CNO, or CMC. The Board will consist of a minimum of five members, three of whom will be senior flight surgeons and one of whom is a senior line officer assigned by CNO (OP-59). The presiding officer will be the Assistant Chief, Fleet Readiness and Support Department (MED-02) assisted by the Director, Aerospace Medicine Division (MED-23). The medical recommendations of this board will be final and will be forwarded to BUPERS or CMC within 5 working days of the completion of the board. Individuals whose cases are under review will be offered the opportunity to appear before this board.

(7) ***Aviation Physical Standards***. In addition to the disqualifying defects listed in section III, the following will be considered disqualifying for all aviation duty:

(a) ***Ear, Nose, and Throat***

(1) Any acute disease or disorder.

(2) Seasonal allergic rhinitis after age 12 or perennial rhinitis requiring medication for more than 3 weeks per year or immunotherapy for control, or resulting in sinus disease or eustachian tube dysfunction.

(3) Chronic serous otitis media or eustachian tube disfunction.

(4) Chronic otitis media or history of cholesteatoma.

(5) Presence of traumatic or surgical opening of the middle or inner ear except for PE tubes prior to age 12.

(6) Auditory ossicular surgery.

(7) Any nasal or pharyngeal obstruction.

(8) Chronic sinusitis, sinus dysfunction or disease, or surgical ablation of the frontal sinus.

(9) Speech impediment due to organic defects.

(10) Inability to equalize pressure due to any cause.

(11) Recurrent attacks of vertigo.

(12) Radical mastoidectomy.

(13) Recurrent calculi of any salivary gland.

(b) ***Eyes***

(1) Chorioretinitis or history thereof.

(2) Inflammation of the uveal tract, acute, chronic, recurrent or history thereof.

(3) Pterygium which encroaches on the cornea more than 1 mm except in SNA and SNA candidates where no pterygium is allowed.

(4) Optic neuritis or history thereof.

(5) Herpetic corneal ulcer or keratitis or history of recurrent episodes.

(6) Xerophthalmia.

(7) Elevated intraocular pressure.

(8) Visual migraine or other recurrent, transient suppression of vision.

(9) Artificial intraocular lens implants (unilateral or bilateral).

(10) Dislocation of the ocular lens.

(11) History of eye muscle surgery in aviation personnel whose physical standards require stereopsis.

(c) ***Lungs and Chest wall***

(1) Congenital and acquired defects (including bullae) of the lungs, spine, chest wall, or mediastinum which may restrict pulmonary function, cause air trapping, or affect the ventilation perfusion balance.

(2) Chronic or restrictive pulmonary disease of any type.

(3) Pneumothorax (traumatic pneumothorax 1 year after occurrence is NCD).

(4) Chronic mycotic diseases unless completely healed without sequelae.

(5) Surgical resection of the lung parenchyma (lobe or segmental technique) requires thorough documentation of the reason, the procedure, and the result, including pulmonary function assessment.

(d) ***Heart and Vascular***

(1) A substantiated history of paroxysmal supraventricular dysrhythmias such as; paroxysmal atrioventricular nodal reentry tachycardia, nonparoxysmal junctional tachycardia, atrial flutter or atrial fibrillation.

(2) A history of ventricular tachycardia.

(3) Cardiac enlargement or dilated cardiomyopathy as determined by complete cardiac evaluation, including M-mode or two-dimensional echocardiography.

(4) Blood pressure

(a) Hypertension

(1) Systolic of 140 mm Hg or greater.

(2) Diastolic of 90 mm Hg or greater.

(b) Hypotension

(1) Systolic of less than 90 mm Hg.

(2) Diastolic of less than 60 mm Hg.

(5) EKG findings of

(a) Right bundle branch block unless congenital and the individual is documented to be free of disease.

(b) Wolff-Parkinson-White syndrome or other preexcitation syndrome predisposing to paroxysmal arrhythmias.

(e) ***Abdominal Organs and Gastrointestinal System***

(1) Enlargement of the liver, except when liver function tests are normal with no history of jaundice (other than the neonatal period or associated with viral hepatitis), and the condition does not appear to be caused by active disease.

(2) Peptic or gastric ulcer or history thereof.

(3) Cholecystectomy within the preceding 60 days.

(4) Cholelithiasis.

(5) Gastrointestinal hemorrhage or history thereof.

(f) ***Endocrine and Metabolic Disorders***

(1) Hypothyroidism, hyperthyroidism or history thereof.

(2) Hyperuricemia.

(3) Hypoglycemia or history thereof.

(g) ***Genitalia and Urinary System***

(1) Urinary tract stone formation or history thereof.

(2) Hematuria or history thereof, unless curable and corrective measures have been successfully accomplished.

(h) ***Extremities***

(1) Internal derangement of the knee resulting in instability or restricted range of motion as determined by comprehensive orthopedic evaluation 1 year after surgical repair.

(2) Chronically dislocating shoulder.

(i) ***Spine***

(1) Chronic or disabling back pains or history thereof.

(2) Herniated nucleus pulposus or history thereof.

(3) Scoliosis greater than 25 degrees (scoliosis of 20-25 degrees requires full x-ray and orthopedic evaluation).

(4) Kyphosis over 40 degrees.

(5) Fracture or dislocation of cervical spine or history thereof.

(6) Cervical arthritis, disc disease or history thereof.

(7) Cervical fusion, congenital or surgical.

(8) Fracture or dislocation of thoracic or lumbar spine (a single vertebral compression fracture of 25 percent or less is NCD).

(j) ***Neurologic Disorders***

(1) ***Applicants for Aviation Programs and Student Aviators.***

(a) History of unexplained syncope.

(b) History of convulsive seizures of any type due to any causes; except that single simple seizure associated with febrile illness before age 5 years may be acceptable if the electroencephalogram is normal.

(c) History of recurrent or incapacitating headache or facial pain (including migraine, cluster headache) or any headache associated with impairment of motor, sensory, visual, or other neurologic function (such as hemiplegic, basilar artery, or ophthalmoplegic migraine).

(d) History of diagnostic or therapeutic craniotomy or any procedure involving penetration of the dura mater or the brain substance.

(e) Any defect in the bony substance of the skull, regardless of cause.

(f) Encephalitis, unless 6 years have elapsed since recovery, and no sequelae or residual was present 6 months after recovery from the acute phase of the illness, and a current complete neurological evaluation is normal in all respects.

(g) Meningitis, unless 1 year has elapsed since recovery, and no residual or sequelae was present 1 month after complete recovery from the acute phase of the illness, and a current complete neurological evaluation is normal in all respects.

(h) Any history of metabolic or toxic disturbances of the central nervous system until reviewed by NAVAEROSPMEDINST (Code 42).

(i) Any history of dysbarism (decompression sickness) with neurological involvement.

(j) Electroencephalographic abnormalities of any kind, borderline or questionable tracings until reviewed by NAVAEROSPMEDINST (Code 42).

(k) Injury of one or more peripheral nerves, unless not expected to interfere with normal function or flying safety.

(l) History of head injury associated with any of the following:

(1) Intracranial hemorrhage or hematoma (subdural or intracerebral) or subarachnoid hemorrhage.

(2) Any penetration of the dura mater with or without brain substance injury.

(3) Radiographic or other evidence of retained intracranial foreign bodies or bony fragments or parenchymal brain damage.

(4) Any skull fracture (linear or depressed), with dural penetration or post traumatic epilepsy (early or late).

(5) Post-traumatic syndrome as manifested by personality changes, impairment of higher intellectual functions, anxiety, or disturbances or equilibrium, delirium, disorientation, confusion, or impairment of judgement or intellect. Duration of symptoms of:

(a) Forty eight hours or more are permanently disqualifying.

(b) More than 12 but less than 48 hours is disqualifying until at least 2 years have elapsed since the injury and a current complete neurological evaluation is normal in all respects.

(c) Less than 12 hours is disqualifying until at least 6 months have elapsed since the injury and a current complete neurological evaluation is normal in all respects.

(6) Post traumatic headaches/persistence of headaches for:

(a) Fourteen days or more are permanently disqualifying.

(b) More than 7 but less than 14 days, is disqualifying until at least 2 years have elapsed since the injury and a current complete neurological evaluation is normal is all respects.

(c) Less than 7 days, is disqualifying until at least 6 months have elapsed since the injury and a current complete neurological evaluation is normal in all respects.

(7) Cerebrospinal fluid rhinorrhea or otorrhea, leptomeningeal cyst, aerocele, brain abscess, or arteriovenous fistula.

(8) Loss of consciousness for:

(a) Two hours or more.

(b) Less than 2 hours but more than 15 minutes, is disqualifying until 2 years have elapsed since the injury and complete neurological evaluation is normal in all respects.

(2) ***Designated aviation personnel***. Same as aviation candidate with the following modifications:

(a) Fainting or syncope of any type due to any cause until appropriate consultations have been accomplished and the case reviewed by NAVAEROSPMEDINST (Code 42).

(b) All acute infections of the central nervous system (meningitis, encephalitis, etc.) until the disease is completely resolved and the case has been reviewed by NAVAEROSPMEDINST (Code 42).

(c) Electroencephalographic abnormalities in otherwise apparently healthy individuals are not necessarily disqualifying with the exception of

(1) Spikewave complexes.

(2) Spike or sharp waves.

(d) ***Head Injury***

(1) Head injury resulting in the following will be cause for permanent disqualification for flying duty including all causes listed in 15-65(7)(j) with the following modifications:

(a) Depressed skull fracture with unconsciousness for more than 5 minutes.

(b) Post-traumatic syndrome as manifested by changes in personality, impairment of higher intellectual functions, anxiety, headaches, or disturbances of equilibrium which does not resolve within 1 month after the injury.

(c) Combined period of unconsciousness and antegrade amnesia exceeding 72 hours.

(d) Cerebrospinal fluid rhinorrhea or otorrhea persisting more than 7 days.

(e) Permanent cranial nerve deficit, until reviewed by NAVAEROSPMEDINST (Code 42).

(2) Head injury associated with any of the complications below will be cause for removal from flying duty for at least 2 and 1/2 years (30 months). Electroencephalograms will be obtained as soon after the injury as possible and at 1 year intervals until completely normal or until the examinee is determined to be permanently disqualified. Prior to return to flying status, a current complete neurological evaluation by a qualified neurologist or neurosurgeon, including skull x-rays, electroencephalogram and neuropsychological test battery (e.g. Halstead-Reitan), will be completed and the case forwarded for review by NAVAEROSPMEDINST (Code 42).

(a) Linear or basilar skull fracture with loss of consciousness for more than 1 hour.

(b) Depressed skull fracture without parenchymal brain damage and less than 5 minutes of unconsciousness.

(c) Post-traumatic syndrome, as manifested by changes in personality, impairment of higher intellectual functions, anxiety, headaches, or disturbances of equilibrium, which persists for more than 2 weeks, but resolves within 1 month of the in jury.

(d) Combined period of post-traumatic (anterograde) amnesia (PTA), delirium, disorientation, or impairment of judgment, plus unconsciousness greater than 24 hours, but less than 72 hours.

(3) Head injury associated with any of the following will be cause for removal from flying duties for at least 12 months. Complete evaluation by a qualified neurologist or neurosurgeon is required just prior to return to flying duty. An electroencephalogram will be obtained as soon after the injury as possible and another at the time of consideration for return to flying duty. If an abnormality is found in any portion of the evaluation (neurologic examination, skull x-rays, electroencephalogram, or neuropsychological test battery), the examinee will not be cleared for return to flight duties but will be referred back to the consultant at appropriate intervals for reevaluation until cleared or determined to be permanently disqualified.

(a) Linear or basilar skull fracture (x-ray or clinical diagnosis) with loss of consciousness for less than 60 minutes.

(b) Post-traumatic syndrome, as manifested by changes in personality, impairment of higher intellectual functions, anxiety, headaches, or disturbances of equilibrium, which persists for more than 48 hours, but resolves within 14 days of the injury.

(c) Post-traumatic headaches alone which persist more that 14 days after the injury, but resolve within 1 month.

(d) Combined period of post-traumatic or anterograde amnesia, delirium, disorientation, confusion, plus unconsciousness for more than 60 minutes but less than 24 hours.

(e) Cerebrospinal fluid rhinorrhea or otorrhea which clears within 7 days of injury, provided there is no evidence of cranial nerve palsy.

(4) Head injury associated with any of the following will be cause for removal from flying duty for at least 4 weeks. Return to flying duty will be contingent upon a normal neurological evaluation by a qualified neurologist or neurosurgeon, including skull x-rays, electroencephalogram, and neuropsychological test battery at which time the defect will be NCD.

(a) Post traumatic syndrome, as manifested by changes in personality, impairment of higher intel-

lectual function or anxiety, which resolves within 48 hours of injury.

(b) Post traumatic headaches alone, which resolve within 14 days of injury.

(c) Combined period of amnesia (post-traumatic or anterograde, patchy, or complete), delirium, or disorientation, confusion plus unconsciousness lasting less than 60 minutes, and more than 5 minutes.

(k) ***Psychiatric***

(1) Diagnoses listed in the latest revision of the American Psychiatric Association Diagnostic Statistical Manual (APA/DSM) as Axis I normally result in a determination of NPQ per section III of this chapter. Examples include, but are not limited to: eating disorders, gender identity disorders, dementia, speech disorders, alcohol and drug dependence, mood disorders or history thereof, anxiety disorders, somatoform and dissociative disorders, and psychoses.

(2) Diagnoses listed in APA/DSM as Axis II are cause for rejection of candidates, as in section III, and potential disqualification of already commissioned students, since true disorders in this axis involve significant difficulty with interpersonal relationships, acting out, or other maladaptive behavior. Examples of Axis II diagnoses are: developmental disorders and personality disorders.

(3) Personality disorders or prominent personality traits manifested by patterns of chronic maladaptive behavior, emotional instability, or impaired judgment in designated aviation personnel would result in a determination of not aeronautically adapted (NAA) only if safety of flight, crew coordination, or mission execution were affected. Apparent loss of aeronautical adaptability in a veteran aviator may be indication of a serious underlying emotional or physical problem; referral for complete evaluation is imperative.

(4) Unacceptable behavior outside the arena of aviation safety and mission execution, whether or not associated with a maladaptive style or personality disorder, is administrative in nature and should be handled following existing directives, JAGMAN, and MILPERSMAN.

(l) ***Systemic Disease & Miscellaneous Condition***

(1) Sarcoidosis or history thereof.

(2) Motion sickness severe or incapacitating or history thereof.

(3) Decompression sickness. Type II or recurrent type I decompression sickness (in candidates and students for all aviation programs any decompression sickness is disqualifying).

(m) ***Anthropometry***

(1) ***Height.*** Candidates for all flight programs must meet height standards outlined in article 15-62.

(2) ***Weight/Body Fat***

(a) Navy candidates, students, and designated personnel in all aviation programs except air traffic controller. Must meet the body fat requirements in OPNAVINST 6110.1 series, and weight standards contained in Table I.

(b) Navy designated air traffic controller personnel. No specific weight or body fat requirements. Must comply administratively with OPNAVINST 6110.1 series.

(c) USMC candidates and designated. Must meet the standards in MCO 6110.10 series.

Table I

Male Aviation Height (inches) and Weight (pounds)

Height	60	61	62	63	64	65	66	67	68
Max Wt	161	163	166	168	173	181	183	184	193
Min Wt	100	102	103	104	105	106	109	111	115
Height	69	70	71	72	73	74	75	76	77
Max Wt	200	203	208	215	221	230	235	235	235
Min Wt	119	123	127	131	135	139	143	147	151
Height	78								
Max Wt	235								
Min Wt	153								

Female Aviation Height (inches) and Weight (pounds)

Height	58	59	60	61	62	63	64	65	66
Max Wt	126	128	131	135	138	142	145	149	153
Min Wt	100	100	100	100	100	100	106	106	108
Height	67	68	69	70	71	72	73	74	75
Max Wt	156	160	163	167	171	175	178	185	190
Min Wt	111	114	117	119	122	128	128	130	133
Height	76	77	78						
Max Wt	196	201	206						
Min Wt	136	139	141						

Body Fat

Males: Less than or equal to 22 percent.
Females: Less than or equal to 30 percent.

Waiver for designated personnel are carefully considered, and may be granted for excessive muscle bulk. Waivers will not be granted for aircrew personnel who are outside both height/weight and body fat limits. Waivers for greater than 235 pounds will be considered for transport/maritime/helo only.

(3) ***Anthropometric standards***. All aviation candidates (except air traffic controllers) and all designated individuals flying ejection seat aircraft must meet the following:

(a) Sitting Height (SH)

(1) Minimum-32.0 inches.

(2) Maximum-41.0 inches.

(b) Buttock-knee length (BKL)

(1) Minimum-21.9 inches.

(2) Maximum-28.0 inches.

(c) Buttock-leg length (BLL)

(1) Minimum-36.0 inches.

(2) Maximum-50.0 inches.

(d) Functional Reach (FR)

(1) Minimum-28.0 inches.

(2) Maximum-none

(n) ***Blood Pressure and Pulse Rate***

(1) ***Blood Pressure***. Will be determined after examinee has been supine at least 5 minutes and then after examinee has been standing motionless for 3 minutes. If a member becomes symptomatic during transition from supine to standing, it will be considered disqualifying.

(2) ***Pulse rate***. Will be determined in conjunction with blood pressure. If pulse is less than 50 or over 110, an electrocardiogram will be obtained. Persistent resting pulse of 100 or standing pulse rate of 110 must be evaluated. A pulse rate of 50 or less in the presence of a negative cardiac history and negative medical or electrocardiographic finding will not in itself be considered disqualifying.

(8) ***Standards for Specific Categories of Aviation Personnel***

CLASS ONE PERSONNEL

(a) ***Service Group I.*** In addition to the standards in section III and the general aviation standards, Service Group I aviators must meet the following standards.

(1) ***Vision***

(a) ***Distant visual acuity.*** 20/70 each eye uncorrected. Must correct to 20/20 or better each eye, correction must be worn and member must carry an extra pair of spectacles. The first time distant visual acuity of less than 20/20 is noted a manifest refraction will be performed recording the correction required for the aviator to see 20/20 in each eye, as well as the refraction required to obtain the best corrected visual acuity possible. Additionally, a thorough mydriatic fundoscopic examination will be performed.

(b) ***Refractive limits***. Manifest refraction must not exceed -1.50 diopters (sum of sphere and cylinder) in any meridian, or +4.00 diopters sphere. Total cylinder not to exceed +/-1.50 diopters. May have no more than 3.5 diopters of anisometropia.

(c) ***Near visual acuity***. Must correct to 20/20 in each eye (with best correction in place) using either the Armed Forces Vision Tester or standard 16" Snellen or Sloan notation nearpoint card.

(d) ***Depth perception***. Verhoeff, must pass 8 of 8, first trial or 16 of 16 on combination of second and third trial.

(e) ***Field of vision.*** Must have full field of vision.

(f) ***Oculomotor Balance***

(1) No esophoria or exophoria more than 10.0 diopters.

(2) No hyperphoria more than 1.50 diopters.

(3) If esophoria/exophoria is 10.00 diopters or greater, or if hyperphoria is 1.00 diopter or greater, a full ocular motility workup is required.

(g) ***Color vision***. Must pass FALANT.

(h) ***Fundoscopy***. No pathology present.

(i) ***Intraocular pressure***. Must be less than 25 mm Hg. A difference of 5 mm Hg or greater between eyes requires an ophthalmology consult, but if no pathology noted, is not considered disqualifying.

(2) ***Hearing (ANSI 1969)***

Freq(Hz)	Better Ear (dB)	Worse Ear (dB)
500	35	35
1000	30	50
2000	30	50

(3) ***Chest X-Ray***. Required at ages 21, 24, 27, 30, 33, 36, 39, and annually thereafter.

(4) ***EKG***. *Required at ages 27, 30, 33, 36 and annually thereafter.*

(5) ***Hemoccult***. *Required annually after age 35.*

(6) ***Dental.*** Must have no defect which would react adversely to changes in barometric pressure (Type I or II dental examination required).

(7) ***Self Balance Test (SBT).*** Must pass.

(8) ***SF-93 or NAVMED 6120/2***, as appropriate. The following items will be added to the SF-93 after periods of unconsciousness; family history of diabetes, allergic reaction to insect stings, are you currently taking any medications.

(9) ***NAVAEROSPMEDINST (Code 42) Submission***. The aviation triennial medical examination must be submitted with a completed, typed SF-88 and the original handwritten SF-93 or NAVMED 6120/2 at ages 21, 24, 27, 30, 33, 36, 39, and annually thereafter. If the most recent BUMED endorsed SF-88 is over 3 years old before age 40, submission of a full aviation physical examination is directed. Full aviation physical examinations for all personnel on waivers, and all personnel O-6 and above must be submitted annually regardless of age.

(b) ***Service Group II.*** *Must meet the same standards as Service Group I with the following modifications:*

(1) ***Distant Visual Acuity.*** *Must be 20/100 or better, each eye corrected to 20/20 or better. Correction must be worn and member, must carry an extra pair of spectacles while flying.*

(2) ***Refractive Limits.*** None

(c) ***Service Group III***. Must meet the same standards as Service Group I with the following modifications:

(1) ***Distant Visual Acuity.*** Must be 20/200 or better each eye corrected to 20/20 each eye. Correction must be worn and member must carry a second pair of spectacles while flying.

(2) ***Refractive Limits***. None.

(d) ***Student Naval Aviator (SNA) and Candidates***. Must meet Service Group I standards except as follows:

(1) ***Vision***

(a) ***Distant and Near Visual Acuity***. Uncorrected visual acuity must not be less than 20/30 each eye, correctable to 20/20 each eye, and the correction must be worn at all times while flying. Binocular visual acuity will be noted on the initial physical examination.

(b) ***Refractive Limits***. While under the effects of 1 percent Cyclogel, the candidate must read 20/20 with each eye with a total myopia not greater than -1.00 diopters in any meridian, a total hyperopia no greater than +3.0 diopters in any meridian, or an astigmatism no greater than 0.75 diopters. The astigmatic correction will be reported in minus cylinder format. If uncorrected DVA is less than 20/20 each eye, a manifest refraction must be recorded for the correction required to attain 20/20 each eye. Total myopia may not be greater than 1.00 diopters in any meridian, total hyperopia no greater than +3.00 diopters in any meridian, or an astigmatism no greater than 0.75 diopters.

(c) Near Point of Convergence. 100 mm or less.

(d) Slit lamp examination is required.

(2) ***Hearing (ANSI 1969)***

Freq (Hz)	Better Ear (dB)	Worse Ear (dB)
500	25	25
1000	25	25
2000	25	25
3000	45	45
4000	60	60

(3) ***Reading Aloud Test***. Required if speech impediment exists.

(4) ***SF-93***. The following statement will be added to the SF-93 in item 8 and signed by the applicant:

I certify that I

Wear contact lenses

Yes/No

Have worn contact lenses

Yes/No

Am aware that my vision has been worse than 20/20

Yes/No

Have had any eye surgery

Yes/No

If the applicant cannot sign this statement, a full explanation by the examining flight surgeon will be included.

(5) ***Psychological Test.*** *Must pass an Aviation Selection Test Battery as directed by BUMED.*

CLASS II PERSONNEL

CONTACT LENS. The wearing of contact lenses to correct visual acuity is authorized at the option of the individual concerned. The contact lens must be procured as a personal expense. The individual must be fully adapted to the wearing of the lens, vision must be adequately corrected, and the flight surgeon must authorize the wearing of the lens by an appropriate statement on the NAVMED 6410/2. At least one pair of corrective spectacles must be carried by the individual wearing contact lenses. The wearing of contact lenses to purposely produce a change in corneal curvature (orthokeratology) is prohibited.

(e) ***Student Naval Flight Officer (SNFO) or Candidate, Candidate Marine Officer Aerial Observer (AO), and Candidate Supporting Arms Coordinator (SAC(A))***. *Must meet Service Group I standards except as follows:*

(1) ***Vision***

(a) ***Distant Visual Acuity***. Must correct to 20/20 each eye with standards lenses and correction must be worn while flying. (If 20/100 or worse must carry an extra pair of spectacles.)

(b) ***Refractive Limits***. Manifest refraction must not exceed +/-5.50 diopters in any meridian (sphere and cylinder) with astigmatism no greater then +/-3.00 diopters. Must have no more than 3.50 diopters of anisometropia.

(c) ***Depth Perception***. Not required.

(d) ***Oculomotor Balance***. Must have no obvious heterotropia or symptomatic heterophoria (NOHOSH).

(2) ***Slit Lamp Examination***. Required.

(3) ***Hearing***. Same as SNA.

(4) ***Read Aloud Test.*** Required if speech impediment exists.

(5) ***Psychological.*** *Must pass an Aviation Selection Test Battery as directed by BUMED.*

(6) Must submit SF-93 to include contact lens statement per 15-65(7) (d) (4) with SF-88.

(f) ***Designated Naval Flight Officer (NFO), Marine Officer Aerial Observer (AO), and Supporting Arms Coordinator (SAC(A))***. Must meet Service Group I standards except as follows: Vision

(1) ***Distant Visual Acuity***. Must correct to 20/20 each eye.

(2) ***Refractive Limits***. None.

(3) ***Oculomotor Balance***. NOHOSH

(4) ***Depth Perception***. Not required.

(g) ***Student Naval Flight Surgeon, Student Naval Aerospace Physiologist and Student Naval Aerospace Experimental Psychologist***. Must meet Service Group I standards except as follows:

(1) ***Vision***

(a) ***Distant Visual Acuity***. Same as designated NFO.

(b) ***Refractive Limits***. None.

(c) ***Oculomotor Balance***. NOHOSH (must meet Service Group I standards to solo).

(d) ***Depth Perception***. Not required (must meet Service Group I standards to solo).

(2) ***Hearing***. Same as SNA.

(h) ***Designated Naval Flight Surgeon, Naval Aerospace Physiologist, and Naval Aerospace Experimental Psychologist***. Same as designated NFO.

(i) ***Naval Aircrew Candidate and Designated (Fixed Wing)***. Must meet Service Group I standards except as follows:

NOTE. Candidate naval aircrew medical examinations will encompass physical standards for all aircrew duties.

(1) ***Vision***. Same as designated NFO except uncorrected near visual acuity no restriction. A manifest refraction must be recorded.

(2) ***Hearing***. *Candidate flight engineer, airborne sonar operator, and flight communications operator must meet SNA standards. All others, Service Group I standards.*

(3) ***Anthropometric Standards***. If flying in ejection seat aircraft, must meet SNA standards. Otherwise no requirement.

(4) ***NAVAEROSPMEDINST (Code 42) Submission***. There is no routine submission requirement except for candidates and reaffiliations.

(j) ***Helicopter Aircrew Candidate (Navy).*** *Same as fixed wing candidate except as follows:*

(1) ***Vision***

(a) ***Distant Visual Acuity***. Must be 20/70 or better corrected to 20/20 each eye. Correction must be worn while flying.

(b) ***Near Visual Acuity***. Must be 20/70 (binocular) or better corrected to 20/20 each eye. Correction must be available while flying.

(c) ***Depth Perception***. Must meet Service Group I standards.

(2) ***Hearing***. *(ANSI 1969)*

Frequency (Hz)	Decibel (dB)
500	Maximum average level in these three
1000	frequencies not greater than 30 dB,
2000	with no level greater than 35 dB
3000	45
4000	60

(3) ***Age***. No restriction. Must meet physical requirement only.

(k) ***Helicopter Aircrew Candidate (USMC), Marine Enlisted Aerial Observer (AO) Candidate, and Aerial Gunner Candidate***. Must meet Navy helicopter standards with the following exception. USMC candidates vision may be as low as 20/100 in one eye and 20/70 in the better eye correctable to 20/20 each eye. Correction must be worn while flying..

(l) ***Designated Helicopter Aircrew, Marine Enlisted Aerial Observer (AO), and Aerial Gunner***. Same as candidate except, distant visual acuity must be 20/200 or better, corrected to 20/20 in each eye. Correction must be worn while flying.

(m) ***Helicopter Rescue Aircrewman (SAR)-Candidate.*** *Same as Navy helicopter aircrew candidate except as follows:*

(1) ***Temperament***. Must be evaluated for emotional and intellectual fitness, reaction to stress, maturity, motivation, and aeronautical adaptability.

(2) ***Physique***. Must be of muscular physique with no tendency toward exogenous obesity.

(n) ***Designated Helicopter Rescue Aircrewman (SAR)***. Same as Navy helicopter aircrew candidate except, distant visual acuity must be 20/200 or better, corrected to 20/20. Must pass FALANT.

(o) ***Aerospace Physiology Technician Candidate.*** Same as naval aircrew candidate except as follows.

(1) ***Hearing***. *Same as SNA.*

(2) ***Age***. Under 32 years of age.

(3) ***Special.*** *Must have normal baseline sinus films submitted with medical examination.*

(4) ***Color Vision.*** Not required

(5) ***NAVAEROSPMEDINST (Code 42) Submission***. Candidate's medical examination with sinus films attached must be submitted prior to assignment to training.

(p) ***Designated Aerospace Physiology Technician.*** Same as designated naval aircrewman.

(q) ***Search and Rescue Corpsman (SAR) candidate and designated***. *Same as designated naval aircrewman.*

(r) ***Parachute Jumper (Basic) Candidate and Designated***. Medical examination may be performed by any privileged provider. Must meet standards in section III and the following additional standards:

(1) Vision-Distant Visual Acuity

(a) Navy. Must correct to 20/20. If 20/40 or worse, correction must be worn at all times while jumping.

(b) Marine Corps. Corrected to at least 20/20 in one eye and 20/100 in the other.

(2) Personnel who are parachute jumpers and also members of special forces (SEALs/Recon) must also meet standards in article 15-66 and, in this case, the examination may be completed by the examiners, and at the frequency, listed in article 15-66.

(s) ***Naval Test Parachutist/High Altitude Low Opening (HALO)/Military Free Fall (MFF)-Candidate and Designated***. Must meet the same standards as naval aircrewman except as follows:

(1) Vision-Distant Visual Acuity. If less than 20/20 correction must be worn while jumping.

(2) Personnel who are in HALO or MFF program and also members of special forces (SEALs/Recon) must also meet standards in article 15-66 and, in this case, the ex-

amination may be conducted by the examiners, and at the frequency, listed in art. 15-66.

(t) ***Flight Deck Personnel (Director, Spotter, Checker, and Other Critical Personnel as specified by the unit Commanding Officer)***. Must meet the standards in section III except as follows:

(1) ***Vision***

(a) Distant Visual Acuity. 20/400 (binocular) corrected to 20/20 and correction must be worn at all times.

(b) Field of Vision–Must have full field of vision.

(c) Depth Perception–Must pass Verhoeff 8/8 or AFVTB.

(d) Oculomotor Balance–NOHOSH

(e) Color Vision–Must pass FALANT.

(2) ***Chest X-rays***. Required at ages 21, 24, 27, 30, 33, 36, 39, and annually thereafter.

(3) ***NAVAEROSPMEDINST (Code 42) Submission***. No routine submission requirements.

(u) ***Flight Deck Personnel-(Noncritical)***. *Must meet the standards in section III except; vision must be 20/400 or better corrected to 20/40 in the worse eye and 20/30 in the better eye and correction must be worn at all times.*

(v) ***Flight Deck Personnel (Special)***. Nonaircraft carrier helicopter detachment personnel (to include nonpilot landing signal officer). Same requirements as critical flight deck personnel except, no distant visual acuity limits. Must correct to 20/20 in each eye.

(w) ***Air Traffic Controllers (ATC)-(DON Civilian and Military)***. The general requirements are those for active duty in the military service or in civil service employment, as amended by this article.

(1) ***Vision***

(a) Distant Visual Acuity. Must correct to 20/20 or better each eye and correction must be worn.

(b) Near Visual Acuity. Must correct to 20/20.

(c) Depth Perception. Not required.

(d) Color Vision. Must pass FALANT.

(e) Oculomotor Balance

(1) No esophoria or exophoria more than 10.0 diopters.

(2) No hyperphoria more than 1.50 diopters.

(3) If esophoria/exophoria is 6.00 diopters or greater or if hyperphoria is 1.00 diopter or greater, a full ocular motility workup is required.

(2) ***Intraocular Pressure***. Must meet Service Group I standards.

(3) ***Hearing***. Must meet Service Group I standards.

(4) ***Reading Aloud Test***. Required for candidates only.

(5) ***Special***

(a) Head Injury. Must meet Service Group I standards.

(b) ***Pregnancy***. Pregnant ATCs are to be considered physically qualified, barring medical complications, until such time as the medical officer, the member, or the command determines that the member can no longer perform as an ATC.

(c) ***Alcoholism and Alcohol Abuse***. Controllers who are diagnosed as alcohol abusers will be disqualified until successful completion of an alcohol rehabilitation program. Controllers diagnosed as alcohol dependent will be permanently disqualified from ATC duties. Waiver may be requested upon successful completion of an alcohol rehabilitation program and at least 3 months demonstrated sobriety. When diagnosed as alcohol abuser or dependent, a medical examination must be completed and forwarded to NAVAEROSPMEDINST for disposition.

(d) ***Prescription Drugs***. Use of prescription drugs will follow general NATOPS, OPNAVINST 3710.1 series.

(e) ***Aeronautical Adaptability***. Must meet aircrew standards.

(6) ***NAVAEROSPMEDINST-42 Submission***. Typed, completed SF-88 and SF-93 must be submitted every 3 years for BUMED endorsement.

(7) ***Special***. DON civilian ATC standards and documentation requirements:

(a) There are no specific height, weight, or body fat requirements.

(b) When a civilian who has been ill in excess of 30 days returns to work, a formal flight surgeon's evaluation will be performed prior to returning to ATC duties. NAVMED 6410/2 will be used to communicate clearance for ATC duties to the commanding officer.

(c) Waiver requests for disqualifying defects will be completed per section V of this chapter. The action addressee for Marine Corps civilians is CMC (Code ASA) and for Navy civilians is OPNAV (OP-554). All waivers will be forwarded via NAVAEROSPMEDINST (Code 42) for endorsement. The inclusion of medical records from civilian sources is encouraged to assist in making a medical recommendation and to avoid redundancy of clinical studies.

(x) ***Selected Passenger Project Specialists and Other Personnel***

(1) When ordered to duty involving flying for which special requirements have not been prescribed, personnel will, prior to engaging in such duties, be examined to determine their physical qualification for aerial flights, an entry made in their Health Record and a NAVMED 6410/2 issued if qualified. The examination will relate primarily to the circulatory system, musculoskeletal system, equilibrium, neuropsychiatric stability, and patency of the eustachian tubes, with such additional consideration as the individual's specific flying duties may indicate. The examiner will attempt to determine not only the individual's physical qualification to fly a

particular aircraft or mission, but also the physical qualification to undergo all required physical and physiological training associated with flight duty. No individual will be found fit to fly unless fit to undergo the training required in OPNAVINST 3710.7 series, for the aircraft or mission.

(2) Vision. The visual acuity will be at least 20/50 with or without correction in the best eye and if uncorrected visual acuity is 20/100 or less, an extra pair of corrective spectacles must be available on the person at all time while flying .

(3) The examination and its evaluation will be entered on the NAVMED 6150/2 in the individual's Health Record.

(y) ***Technical Observer***. Candidate for orders as, and those ordered to duty involving flying as, technical observers must meet the physical standards of the designation for which they are training. When the ultimate designation as naval aviation observer is not appropriate, and the need for officers or civilian employees to perform in flight duties is justified by reason of special qualifications, they must meet the cardiovascular and neurocirculatory standards of Service Group I. They must also meet any special requirements for particular aircraft type, e. g., ejection seat. In all other respects they will be required to meet the standards of general service.

(9) ***Vision Testing Procedures for Aviation Personnel.*** The following procedures outline the requirements for performing the aviation vision tests.

(a) ***Distant Visual Acuity***

(1) ***SNA Candidates.*** The examinee is placed 20 feet from the Goodlite eye chart. The nontested eye is covered and the examinee is directed not to squint. If the candidate persists in squinting after being instructed not to, direct attention to a Snellen chart and record the best vision at which the candidate does not squint. The examinee is then directed to read one of the 10 letter lines on the Goodlite chart. If any letter or combination of letters is missed, the examinee is informed that letters were missed and given the opportunity to read the line again. The score should be recorded as 20/20-0 if no letters are missed. If letters are missed, then the number of letters missed will be recorded in place of the zero. This procedure is repeated with the other eye.

(2) ***SNFO Candidates.*** May be tested on the AFVT and the lowest line read with two misses should be recorded as uncorrected vision. The examinee's corrected vision should then be tested and recorded.

(3) ***Designated Aviation Personnel.*** Are to be tested on the AFVT both with and without correction and results recorded on the SF-88.

(b) ***Near Visual Acuity.*** All personnel are to be tested on either the AFVT or with a standard 16" Snellen or Sloan notation nearpoint card and the results (including the type of test used) recorded on the SF-88.

(c) ***Depth Perception***. May be tested using either the AFVT or the Verhoeff stereopter. (The Verhoeff stereopter is the only acceptable test for candidates, students, and designated naval aviators.) When the AFVT is used, the examinee must pass A through D. When using the Verhoeff stereopter, the Verhoeff must first be displayed to the examinee and the testing procedures explained. During testing, the Verhoeff must be kept 39 inches from the examinee at eye level and the test presented in a random manner. The examinee must pass 8 of 8 on the first trial. If the examinee is not successful, the examinee must be retested twice and must pass 16 of 16 (no misses) on the retest.

(d) ***Color Vision***. The FALANT is the only acceptable test for color vision. The examinee must be placed 8 feet from the FALANT. The presentation of the different lights must be done in a random manner each time the test is given. The member must pass 9 of 9 on the first trial. If the examinee misses any presentations, the examinee must be allowed to retest. On the retest, the examinee will be given a series of 18 presentations (9 twice) and must score 16 of the 18 correctly to pass.

15-66 Diving Duty

(1) ***Purpose***. All personnel, except patients, exposed to the hyperbaric environment, including but not limited to those engaged in hyperbaric chamber duty (clinical, research, and recompression), hyperbaric coffers or caissons, sonar dome work (when a hyperbaric environment), hull containment testing (compartment workers), diving, combat swimming (SEALs), USMC combat swimmers, and all candidates for such duty, must conform to the appropriate physical standards in this article.

Note: Compartment workers who are submariners and have a current medical examination filed in their Health Record will be considered qualified for hull containment testing. When possible the diving medical examination (DME) should be performed by a medical officer, preferable a privileged undersea medical officer (UMO). DMEs which are not personally performed by a qualified UMO, DMO, or HMO must be reviewed and approved by: (1) a UMO, DMO, or HMO; (2) a FS, AMO, or graduate of the various hyperbaric medical officer courses taught at the Naval Diving and Salvage

Training Center to whom BUMED-21 has granted written authority to review and approve DMEs; or (3) BUMED 21.

(2) ***Additional Standards***. Some of the items listed in section III may be duplicated here for emphasis. In addition to the standards listed in section III, the following will be cause for rejection or disqualification:

(a) ***General***. Any disease or condition that causes chronic or recurrent disability, increases the hazards of isolation, or has the potential of being exacerbated by the hyperbaric environment.

(b) ***Ear, Nose, and Throat***

(1) Any history of inner ear pathology.

(2) Any history of inner or middle ear surgery.

(3) Inability to equalize pressure as required by Navy diving profiles.

(4) Hearing

(a) As for initial acceptance for candidates.

(b) Qualified divers must demonstrate ability to communicate and perform duty.

(c) Divers who use underwater devices that exceed the noise level standards established in OPNAVINST 5100.23 series will receive an audiogram quarterly.

(c) ***Eyes***

(1) Night vision impairment.

(2) Vision that does not correct to 20/20.

(3) For Navy combat swimmers (SEALs) the uncorrected visual acuity will not be worse than 20/40 in the better eye and 20/70 in the worse eye. For other Navy divers the uncorrected visual acuity will not be worse than 20/100 in the better eye and 20/200 in the worse eye. Sonar dome workers, research saturation divers not qualified as Navy divers, naval architects, compartment workers, hyperbaric coffers and caisson workers, undersea medical officers, and civil engineering corps personnel may have any degree correctable to 20/20 and may have night vision impairment. Other military services may establish their own vision standard for the purpose of complying with U.S. Navy requirements for diving training.

(4) Waivers are not required for the use of optically corrected masks or underwater glasses. Waivers, however, are required for the use of contact lenses.

(5) Defective color vision for Navy combat swimmers (tested by the Farnsworth Lantern) or explosive ordnance disposal personnel.

(6) Radial keratotomy, laser, or other forms of corneal surgery.

(d) ***Pulmonary***

(1) Congenital and acquired defects which may restrict pulmonary function, cause air-trapping, or affect the ventilation-perfusion balance.

(2) Chronic or restrictive pulmonary disease of any type.

(3) Pneumothorax. Waiver may be granted for traumatic pneumothorax. Spontaneous pneumothorax is absolutely disqualifying.

(4) Reactive airway disease or asthma, after age 12 (waiver request is not appropriate).

(5) Chronic obstructive pulmonary disease.

(e) ***Skin and Cellular Tissues***. Acute or chronic diseases that are exacerbated by the hyperbaric environment.

(f) ***Dental***

(1) All divers should normally be class I or II before assuming diving duty. Divers who are class III for acute conditions should be temporarily disqualified from diving duty until the acute condition is corrected. Divers who are class III because of a chronic condition (e.g., periodontal disease) must be receiving ongoing dental care for the condition if they are to be considered qualified for diving duty.

(2) Acute infectious diseases of the soft tissues of the oral cavity, until treatment is completed.

(3) Any defect of the oral cavity or associated structures which interfere with effective use of self contained underwater breathing apparatus (SCUBA).

(g) ***Blood and Blood Forming Tissues***. *Any significant anemia or hemolytic disease.*

(h) ***Neurologic***

(1) Organic brain disease seizure disorders of any sort.

(2) Head injury with sequelae.

(3) Unexplained or recurrent syncope.

(4) Decompression sickness or air embolism with persistent neurologic deficit.

(i) ***Psychiatric***

(1) Personality disorders, neurosis, immaturity, instability, asocial traits, or psychosis.

(2) Stammering or stuttering.

(3) Alcoholism except those who have successfully completed a recognized rehabilitation and after care program. Any relapse is cause for disqualification.

(j) ***Musculoskeletal***

(1) Intervertebral disc disease with neurological deficit.

(2) Chronic arthritis.

(3) Dysbaric osteonecrosis.

(k) ***Height, Weight, and Body Build***. Greater than 22 percent body fat for males and 30 percent for females as determined by anthropometric measurement per OPNAVINST 6110 series.

(l) ***Age.*** All military divers 45 years of age or older require a waiver to continue diving. Usually such waivers will be limited to senior supervisory capacity. BUMED defines senior supervisory diving capacity as monitoring of work performed by other divers. Navy civilian divers may continue active diving beyond age 45 provided their medical examination is conducted by a UMO or DMO and meets all other require-

ments of this article. There is no age requirement for compartment workers.

(3) ***Additional Standards for Candidates.*** *In addition to the previous standards for diving duty, initial applicants must meet the following standards:*

(a) ***Pressure Testing and Ascent Training***

(1) All candidates will be subjected, in a recompression chamber, to a pressure of 27 PSIG (60 FSW) to determine their ability to withstand the effects of pressure. This test must not be performed in the presence of a respiratory infection that may temporarily impair the ability to equalize or ventilate.

(2) In all cases of ascent testing, training, evaluation, or examination, a UMO or DMO must be present at the test site (this does not apply to ascent training or lockin/lockout training where all participating personnel are fully qualified for the procedures). Compartment workers and sonar dome workers are not required to undergo pressure testing. Sonar dome workers must pass pressure test.

(b) ***Age.*** Navy applicants who have attained their 35th birthday (28th birthday in the case of Navy combat swimmers) will not be considered for initial diving training without a waiver. Waiver request will require a statement from the using community. Other military services may establish their own age standard for the purpose of complying with U.S. Navy requirements for diving training. There is no age requirement for sonar dome workers, compartment workers, and caisson workers.

(4) ***Additional Standards for Saturation Diving Duty***

(a) ***General***

(1) Saturation diving involves prolonged exposure to the hyperbaric environment, isolated from direct medical care. Therefore, conditions which would be exacerbated or be untreatable during a saturation dive are disqualifying.

(2) A saturation diving physical must be completed within 6 months of commencement of training.

Note: Block 5 of the SF-88 should state Saturation Diving.

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(3) Saturation diving examinations must be completed by a DMO.

(b) ***Standards***. Saturation diving physicals must comply with all standards for entry and continuation in diving duty, as well as the following disqualifying items.

(1) ***General***. Any disease or condition which predictably will occur and be difficult to treat or exacerbated by a continuous hyperbaric environment of 30 days or more.

(2) ***Ears***. Any history of permanent hearing loss secondary to decompression sickness or arterial gas embolism. Any permanent loss, secondary to those causes, even if hearing threshold does not exceed standards specified for duty or diving duty, must be considered disqualifying.

(3) ***Urinary System***. History of urinary tract calculus.

(4) ***Skin and Cellular Tissues***. Any condition which may be exacerbated by the hyperbaric environment, including acne vulgaris, moderate or severe; psoriasis; eczema; or atopic dermatitis, moderate or severe.

(5) ***Gastrointestinal***. Peptic ulcer disease within the last 2 years or requiring medication for control. Inflammatory bowel disease.

(6) ***Systemic Diseases***. Allergic or atopic manifestations which require allergy immunotherapy or would likely be exacerbated by a hyperbaric environment.

(5)***Additional Standards for Hyperbaric Exposure - Nondiving***

(a)***General***. Individuals who will be exposed to a dry hyperbaric environment in a nondiving capacity (sonar dome, hull pressurization, recompression chamber) will have an examination, identified as Hyperbaric Exposure,conducted to the scope of the diving medical examination.

(b)***Standards***. The standards for diving duty apply with the exceptions that there is no age limit or vision requirement other than that described in section III.

(6) ***Special Studies.*** *in addition to the special studies required in article 15-9 of this chapter the below listed studies will be completed.*

(a) Chest x-ray on initial diving medical examination, within the previous 6 months, and then when clinically indicated by the examiner.

(b) Saturation divers will have long bone x-rays surveys with diving medical examinations on entry and termination from the saturation diving program and when clinically indicated, as determined by a UMO or DMO.

(7) ***Periodicity***

(a) All active divers will have a diving medical examination every 5 years. If assigned remote from a DMO or UMO the examination will be conducted every 3 years.

(b) After age 45 the examination will be conducted every 2 years. The formal radiology report must be placed in the record. For candidates, the films must be hand-carried by the member to saturation diving school. Films, with a copy of the formal radiologist interpretation, must be forwarded to Commander, Submarine Development Group ONE, 139 Sylvester Road, San Diego, CA 92106-3597, attn: Senior Medical Officer.

(c) If required, for approved research, matched control subjects will be given a diving medical examination.

15-67 Fire Fighting Instructor Personnel

(1) ***Purpose***. To assure that members assigned as fire fighting instructors and exposed to smoke and its associated components are in all respects qualified for such assignment.

(2) ***Additional Standards***. Some of the items listed in section III may be duplicated here for emphasis. The following will be cause for rejection or disqualification:

(a) ***Nose, Mouth, Throat.*** Sinus disease. Waiver request requires an ENT consultation and statement which recommends disposition regarding repeated exposure to smoke.

(b) ***Eyes***

(1) Acute or chronic eye disease.

(2) Uncorrected vision greater than 20/80 in one eye and 20/100 in the other eye.

(3) Near vision with glasses must be sufficient to read printed material of Jaeger Number 4 size type without difficulty.

(c) ***Pulmonary System***

(1) A history of respiratory tract allergic response.

(2) Reactive airway disease (asthma) after age 12.

(d) ***Skin and Cellular Tissues***

(1) Contact allergies of the skin that involve substances associated with fire fighting.

(2) Skin conditions and facial contours which interfere with activity and the use of personal protective equipment.

(e) ***General and Miscellaneous Conditions and Defects***. History of more than one episode of diminished heat adaptation capability or any other serious deviation from sound condition.

(3) ***Special Studies***. In addition to the special studies required in article 15-9, the following studies will be performed.

(a) Blood chemistry studies to include: sodium, potassium, glucose, bicarbonate, BUN, creatinine, uric acid, total protein, albumin, A/G ratio, calcium, alkaline phosphatase, aspartate aminotransferase (ASAT) or SGOT, alanine aminotransfera se (ALAT) or SGPT, LDH, CPK, bilirubin.

(b) Standard chest x-ray, within the previous 6 months or if clinically indicated.

(c) Pulmonary function test.

(4) ***Periodicity.*** Medical examination is required every 5 years while serving as an instructor.

15-68 Occupational Exposure to Ionizing Radiation

(1) ***General***. NAVMED P-5055, Radiation Health Protection Manual, is the governing document for the naval service Radiation Health Protection Program. NAVMED P-5055 provides ionizing radiation exposure limits, dosimetry requirements, medical examination requirements, administrative and reporting requirements, and command duties and responsibilities for the Radiation Health Protection Program. The medical examination requirements are reprinted here from NAVMED P-5055 for convenience. All efforts are made to ensure this manual and NAVMED P-5055 are consistent and updated simultaneously. Should differences in requirements exist between the two documents, NAVMED P-5055 takes precedence.

(2) ***Command Responsibility***. The commanding officer or officer in charge of each naval facility will ensure that personnel have a radiation medical examination prior to being occupationally exposed to ionizing radiation. If it is known that a visitor is to perform duties requiring a radiation medical examination, the visitor's parent command must determine the visitor's physical qualifications.

(3) ***Responsibility of Individual***. All personnel assigned to duties involving occupational exposure to ionizing radiation will report the following to their supervisor or Medical Department personnel in a timely manner:

(a) Any physical condition which they feel affects their qualification to receive occupational exposure.

(b) Any radiation therapy treatment received.

(c) Any radiopharmaceutical received for diagnosis or treatment.

(d) Any occupational radiation exposure received from secondary or temporary employment.

(e) Any open wounds or lesions.

(4) ***Types of Ionizing Radiation Medical Examinations***

(a) ***Preplacement Examination (PE)***. Personnel who are being considered for routine assignment to duties requiring occupational exposure to ionizing radiation will be given a radiation medical examination, defined as a preplacement examination, prior to assignment or transfer to those duties.

(1) Personnel who are not routinely exposed to ionizing radiation as a result of their normal duties or occupation and who are not likely to exceed 0.5 rem (0.5 centisievert) per year (e.g., visitors, including messengers, servicemen, and delivery men; emergency response personnel; dentists, dental technicians, and other dental paraprofessionals; explosive ordinance disposal team members; and certain crew

members or employees whose exposure is truly sporadic) are not required to have a preplacement examination (see appropriate radiological controls manual for specific program).

(2) Individuals in this category (i.e., not required to have a preplacement examination) who exceed 0.5 rem (0.5 centisievert) exposure in a calendar year, must have a preplacement examination within 1 month of the time they exceed 0.5 rem (0.5 centisievert) or as soon thereafter as operational requirements permit.

(b) ***Reexamination (RE)***. Personnel who are to be continued in routine duties requiring occupational exposure to ionizing radiation must have a radiation medical examination, defined as a reexamination, at the periodicity listed in article 15-11. The reexamination is required to be performed no later than 1 month following the anniversary date (month and year) of the previous radiation medical examination or other medical examination accepted and documented as a radiation medical examination, e.g., for an examination performed on the 15th of February 1985, the reexamination must be completed by 31 March 1990.

(c) ***Situational Examination (SE)***. Any individual who has exceeded the radiation protection standards for occupational exposure per chapter 4 of NAVMED P-5055, or has ingested or inhaled a quantity of radioactive material exceeding 50 percent of the maximum permissible body burden (MPBB) or as deemed necessary by the responsible medical officer must be given a radiation medical examination, defined as a situational examination. MPBBs are listed in the National Council on Radiation Protection and Measurements (NCRP) Report No. 22 (NBS Handbook 69). MPBBs for commonly-used isotopes are found in Appendix A of NAVMED P-5055. The medical history must contain summary statements which provide the basis for performing the examination.

(d) ***Termination Examination (TE).*** Reasonable efforts will be made to ensure that a worker receives a termination examination. If a termination examination is not completed or not performed (e.g., due to lack of employee cooperation, etc.), a SF-88 will be completed to the maximum extent practicable. The reasons why the form is incomplete will be recorded in block 73 of the SF-88. Personnel will be given a radiation medical examination, defined as a termination examination, if they satisfy one of the following conditions:

(1) Upon separation or termination of their active duty or employment if they received a preplacement radiation medical examination, have documented occupational radiation exposure (including personnel monitored for exposure but who received 00.000 rem), and have not had a TE.

(2) When permanently removed from the radiation health program.

(3) When assigned or transferred to duties no longer involving occupational exposure.

(5) ***Other Examinations***. Medical examinations other than radiation medical examinations and results of consultations for individuals physically qualified for routine assignment to duties requiring occupational exposure to ionizing radiation will be reviewed by a medical officer or Medical Department representative for findings or evaluations affecting continued qualifications for duties involving occupational exposure. The scope of other medical examinations need not be expanded to cover the requirements of this article unless the examination is to be used as a radiation medical examination. Medical examinations performed outside the Department of Defense are not to be requested for routine review. Individuals may submit medical information from their private physicians for consideration by the responsible medical officer. In these cases, the Navy remains solely responsible for determining whether the medical information from the private physician will be accepted or rejected.

(6) ***Scope of Examination***. The medical examination will place particular emphasis on determining the existence of malignant and premalignant lesions and other conditions which could be related to radiation exposure. A medical officer with knowledge of the potential biological effects of ionizing radiation will review any medical history or presence of disease states or abnormalities related to the following: History of occupational exposure to ionizing radiation in excess of that allowed by current directives; history of radiation therapy; or medical conditions which may be associated as having been caused by exposure to ionizing radiation. The radiation medical examination will include, but not be limited to, a careful medical history, physical examination, complete blood count (CBC), urinalysis, and other clinical laboratory studies or procedures, and bioassays, as indicated.

(a) ***Medical History***. A complete medical history on an SF-93 will be obtained. In addition, medical histories will include:

(1) History of occupational or accidental exposure to ionizing radiation.

(2) History of cancer or precancerous lesions.

(3) History of anemia.

(4) History of cataracts.

(5) History of radiation therapy.

(6) History of radiopharmaceutical received for therapeutic or experimental purposes.

(7) History of work involving the handling of unsealed radium sources or other unsealed sources.

(8) Family history of cancer, anemia, or cataracts.

(b) ***Medical Examination***. The examination will consist of the items described in blocks 18 through 43 of the SF-88 with the following modifications for civilian personnel:

(1) Pelvic examination (SF-88, block 43) is not required. Breast examinations are required for females age 36

or older. The anus/rectal examination is only required for male examinees age 36 or older. For personnel who are less than 36, the above examinations may be offered but are not required.

(2) Medical examinations of civilian personnel will be documented on a SF-88 and will include a SF-78, or copy of the front side of the SF-78, with Parts A, B, and C completed as an attachment to the SF-88. The reverse side of the SF-78 need not to be completed. Locally generated forms that contain the pertinent identifying data and functional and environmental factors may be used in lieu of the SF-88.

(c) ***Special Studies***. The required special studies are a CBC, with differential, and a urinalysis. In addition, the following special studies may apply:

(1) ***Internal Monitoring.*** All personnel assigned to duties involving the handling of radioactive material in a form such that they could reasonably be expected to exceed 10 percent of a MPBB through inhalation, ingestion, or absorption will be evaluated for evidence of a partial body burden before and after assignment to such duties, e.g., at the start and completion of a tour involving these duties. Periodic monitoring will be conducted as deemed necessary by the responsible medical officer or radiation health officer. Additional requirements to perform internal monitoring due to specific work environments will be issued in applicable program radiological control manuals with BUMED concurrence or as conditions of radioactive material permits.

(2) ***Radon Breath Analysis***. All personnel assigned to duties involving the handling of radium, or its compounds, not hermetically sealed such that they could reasonably be expected to receive 10 percent of a MPBB will have radon breath analysis at the beginning and end of such assignment or following personnel contamination incidents involving loose surface contamination of radium compounds such that the individual could have received 10 percent of a body burden. NAVMED P-5055 provides guidance for obtaining a radon breath analysis. Other methods of determining internal radium deposition may be used if approved by BUMED.

(3) ***Bioassay.*** When deemed necessary by the responsible medical officer or radiation health officer bioassays may be performed on body tissues, secretions, and excretions to estimate an exposure from internal contaminates. If a command lacks the capability to perform appropriate bioassays, a request will be submitted to one of the support facilities designated in the NAVMED P-5055.

(4) Additional requirements to perform special examinations due to specific work environments can be provided in the applicable program radiological control manual with BUMED approval.

(7) ***Standards***. The general requirements are those for active duty in the military service or in civil service employment, as amended by this article. Individuals disqualified based upon these requirements may be reevaluated at a later date. The following will be cause for rejection or disqualification:

(a) History of systemic malignancy.

(b) History of radiation therapy which may have compromised bone marrow reserves.

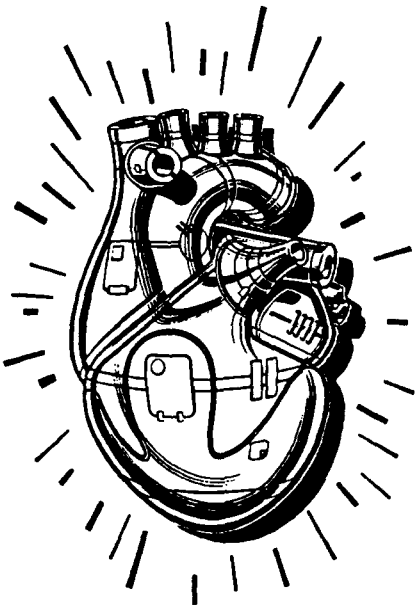


TABLE I
(Complete Blood Count Parameters)

Blood Parameter	Male	Female
Hematocrit (Hct)	40-52 %	37-47 %
Hemoglobin (Hgb)	13.5-18g/dl	12.5-16g/dl
White Blood Count(WBC)	4,000—12,000/cubic mm	
Platelet Count	150,000—400,000/cubic mm	

Differential Count

There are two acceptable laboratory methods for determining differential count, manual and automated machine.

Manual	Male & Female
Neutrophils (N)	40-80 percent
Lymphocytes (L)	20-50 percent
Bands (BF)	0-10 percent
Eosinophils (E)	0-10 percent
Basophils (B)	0-3 percent
Monocytes (M)	0-10 percent
Atypical Lymphocytes (ATL)	0-10 percent

Some automated machines will provide differential counts that categorize the white blood cells (leukocytes) by the traditional manual leukocyte classification, as above. Other machines may use other classifications, which are as acceptable for diagnosis and prognosis, for example:

Automated	
Lymphocytes	20.5-51.1 percent
Monocytes	1.7-9.3 percent
Granulocytes (Neutrophils)	42.2-75.1 percent
Large unstained cells	less than 4 percent

Any clinically acceptable automated blood count method suffices for the needs of the radiation health program. However, if the categorization differs from either of those provided above the normal ranges for the machine used must be recorded along with the results of the study.

TABLE II

	Male & Female
Hematocrit	35-56 percent
Hemoglobin	11g/dl-19g/dl
White Blood Count	3,500-14,000/cubic mm
Platelet	less than 100,000 or greater than 500,000/cubic mm

(c) History of polycythemia vera

(d) Cancerous or precancerous lesions.

(e) A family history of cancer which is suggestive of clustering or a genetic tendency toward a specific lesion.

(f) Open lesions or wounds (including lacerations, abrasions, and ulcerative, eruptive, or exfoliative lesions) are disqualifying either on a temporary or permanent basis, depending on the condition, for individuals who handle radioactive material which is not hermetically sealed, until such time as the Medical Department representative or medical officer considers the wound to be adequately protected from radioactive contamination.

(g) Abnormal blood count

(1) Any deviation outside the ranges of the values in Table I must be evaluated by a medical officer and a determination made as to whether the individual is CD or NCD. The responsible medical officer will comment in item 73 of the SF-88, when the values are not within the ranges of Table I.

(2) Values which persist outside the ranges in Table II will be CD until further review. The medical officer's evaluation of the CBC and the requests for other studies or consultations must be directed toward the determination of malignant or premalignant conditions and hematopoietic system reserve.

(h) Urinalysis. Red blood cells (RBCs) in the urine (greater than 5 RBCs per high power field) persisting on repeat urinalysis, will be CD, pending definitive determination of other than a malignant condition. Other abnormal urinalysis results may be of clinical significance (e.g., low specific gravity, positive sugar or albumin, WBCs, or casts) dictating followup evaluation at the discretion of the examiner. They are not, however, in themselves disqualifying for occupational exposure to ionizing radiation.

(i) If an individual exceeds 50 percent MPBB the individual must be disqualified from duties involving occupational radiation exposure pending BUMED review. (MPBBs are listed in NCRP Report No. 22 (NBS Handbook 69).)

(j) Other defects which pose a health or safety hazard to the individual, coworkers, or degrade the safety of the work place.

(8) ***Special Documentation Requirements***. In addition to the requirements for completing the SF-88 and 93, as listed in MANMED, the following specific requirements will be adhered to:

(a) Use of an overprint or rubber stamp on the SF-93 for the required supplemental history questions is acceptable. Instructions in blocks 19 and 21 of the SF-93 require certain additional information be provided for a positive answer, for the purpose of radiation medical examinations, the name of the doctor, clinic, or hospital is not needed.

(b) All radiation medical examinations require a medical officer's signature in block 82 of the SF-88. This medical officer is responsible for reviewing the complete medical examination including laboratory and other information to determine qualification. The reviewing medical officer may be the same as the examining medical officer. The SF-88 block 82 entry will include the date of final review in the margin immediately below the signature of the reviewing official.

(c) The medical history will be signed by the examining medical officer.

(d) SF-88s and SF-93s performed by PAs or nurse practitioners must be countersigned by a physician.

(e) For block 74 of the SF-88 and block 25 of the SF-93 any entry concerning an abnormal finding will have an indication of NCD or CD per article 15-8.

(f) Noncompletion of a radiation medical examination must be documented in block 73 of SF-88 with specific reasons for noncompletion.

(g) Radiation medical examinations will clearly state whether the individual is PQ or NPQ for occupational exposure to ionizing radiation.

(h) The fact that a termination medical examination is required will be entered on the front of the individual's Health Record jacket or employee medical file as Termination Radiation Medical Examination Required.

(i) Medical examinations conducted for a purpose other than occupational exposure to ionizing radiation may

be amended per article 15-10 at the discretion of the responsible medical officer. If a previous medical examination is accepted the date of the required reexamination will be based on the original date (month and year) of the accepted examination.

(j) Results of bioassay, internal monitoring, etc., which document monitoring for internally deposited radioactivity, will be documented as required in NAVMED P-5055.

(9) ***Reporting Requirements***. The following Health Records must be submitted to BUMED (MED-21) for review. The transmittal letter must include the reason for submittal, total lifetime exposure of the individual, summary of the individual's duties, and, if appropriate, the current or disqualifying diagnosis.

(a) Findings on a radiation medical examination which disqualify an individual from receiving occupational exposure to ionizing radiation.

(b) Findings on a medical history or medical examination of:

(1) History of occupational radiation exposure or internal deposition in excess of that allowed by NAVMED P-5055.

(2) History of radiation therapy

(3) An excess of 10 percent MPBB of radioactive material not intentionally administered for medical diagnosis or treatment. A description of the analysis technique must be included with the submission.

(4) Abnormal personal or family history of cancer, if family history then the submission must include the family pedigree using standard genetic symbols.

(c) Results of medical examination for which the requirements are not explicit.

(d) Any medical examination or condition which the responsible medical officer or commanding officer recommends for BUMED review. Such request for review will not be denied by any member of the chain of command.

(e) All situational radiation medical examinations.

(f) Allegations or claim by a service member or employee that their physical condition was caused by exposure to ionizing radiation.

15-69 Submarine Duty

(1) ***Purpose***. The purpose of the standard is to maximize the mission capabilities and to reduce the morbidity of the submarine force. The risk of medical morbidity, including the concomitant hazard of medical evacuation, is considered. Requirements for embarking nonsubmarine personnel, military, civilian government, or contractor are specified in SECNAVINST 6420.1 series.

(a) ***Entrance***. Submarine candidates must meet the physical standards for submarine duty. Medical examinations should be performed by a medical officer, preferably a UMO. The member's unit medical officer, i.e., the squadron or group medical officer, should perform the examinations of personnel attached to their unit and subordinate units. Only those individuals not physically qualified for submarine duty, but for whom waivers to the standards appears justified, need BUMED review per section V.

(b) ***Continuation of Submarine Duty***. The standards for continuation of submarine duty will be the same as for first acceptance for submarine duty. Waivers may be applied for per section V.

(1) Submarine personnel reporting for duty following absence of greater than 90 days due to serious illness or injury; hospitalized for any reason; reported on by a medical board (see article 18-27(3); or when returning to submarine duty after other duty of more than 2 years, will, at the earliest practicable date, have a Health Record review and such medical examination as may be required by an UMO to determine their physical qualification to resume submarine duty. This examination will be completed prior to the transfer of the member (see article 15-30). If a UMO is not available at the parent command, the nearest available UMO should perform this examination to ensure personnel arrive at their permanent duty station physically qualified for submarine duty.

(2) Submarine personnel who have developed or are found to have disqualifying defects which preclude their ability to reasonably perform the duties of their grade or rate in submarines, or whose duty in submarines would be detrimental to their health, other members of the crew, or to the mission of the submarine, should be processed for submarine disqualification. The proximate UMO will make a recommendation on the SF-88 or SF-600 for all persons being processed for submarine physical disqualification.

(2) ***Additional Standards***. Some items from section III may be duplicated here for emphasis. In addition to the

standards listed in section III, the following are causes for rejection:

(a) ***Ears***

(1) History of chronic inability to equalize pressure manifested by repeated aural barotrauma or persistent ear pain secondary to minor pressure variations (e.g., in aircraft, air lock, or elevator). In instances where a clinical determination cannot be made, the candidate must be subjected to a 27 PSIG (60 FSW) pressure test in a recompression chamber, per article 15-66(3)(a).

(2) Inability to satisfactorily pass the pressure test noted above.

(3) Hearing. As for initial acceptance except:

(a) Qualified personnel must demonstrate ability to communicate and perform their duty.

(b) All personnel (applicants or qualified) must have bilateral hearing and be able to understand the spoken word with either ear.

(b) ***Eyes***

(1) The minimum visual acuity for unrestricted line officers (URL), quartermasters (QM), quartermaster strikers, and contact coordinators is any level of uncorrected visual acuity as long as it meets general entrance standards (see section III) and at least one eye is correctable to 20/20. Additionally, if more than 3 diopters of sphere or 1 diopter of cylinder is present in the refraction, the individual must wear contact lenses and demonstrate, with the lenses in place, an ability to achieve 20/25 vision in at least one eye or be able to achieve 20/25 with a spherical correction of 3 diopters or less.

(2) Defective color vision except for supply corps officer, medical corps officer, storekeeper (SK), yeoman (YN), messmanagement specialist (MS), hospital corpsman (HM), and personnelman (PN) ratings. Testing will be conducted with the Farnsworth Lantern (FALANT). Waiver will be considered for submarine qualified personnel who can demonstrate a functional ability to discern color associated with their work environment; such requests must include the results of the FALANT test and a statement from the individual's supervisor attending to his or her ability to meet the color vision requirements of the position.

(c) ***Lungs and Chest Wall***

(1) History of bronchial asthma (reactive airway disease) after age 12 (waivers will not be considered).

(2) Chronic obstructive pulmonary disease.

(3) History of spontaneous pneumothorax.

(d) ***Abdominal Organs and Gastrointestinal System.*** History of disease such as severe colitis or irritable bowel syndrome, peptic ulcer disease, duodenal ulcer disease, recurrent or chronic pancreatitis, or chronic diarrhea, gastrointestinal tract perforation, or hemorrhage. Waivers will not be considered unless they have been asymptomatic on an unrestricted diet without medication during the past 2 years and currently have no radiographic or endoscopic evidence of active disease or of severe scarring or deformity. Waivers will be considered for ulcerative proctitis.

(e) ***Urinary System.*** *History of urinary tract calculus.*

(f) ***Extremities***

(1) Conditions which result in decreased strength or range of motion or presents with symptoms of inhibiting pain of such nature to interfere with ready movement about a submarine or performance of duties.

(2) Conditions causing a person to be excessively prone to injury.

(g) ***Spine, Scapula, Ribs, and Sacroiliac Joints.*** Any conditions which preclude ready movement in confined spaces, inability to stand or sit for prolonged periods.

(h) ***Skin and Cellular Tissues***

(1) Any condition which may be aggravated by the submarine environment.

(2) Acne vulgaris, moderate or severe.

(3) History of psoriasis or eczema.

(4) Unexplained or recurrent rashes.

(5) Atopic dermatitis.

(i) ***Psychiatric.*** Because of the nature of the duties and responsibilities of each person in a submarine, the psychological fitness of applicants for submarine training must be carefully appraised. The objective is to elicit evidence of tendencies which might prevent satisfactory adjustment to submarine life. Among these are below average intelligence, claustrophobic tendencies, lack of motivation, unhealthy motivation, history of personal ineffectiveness, difficulties in interpersonal relations, lack of adaptability, or personality disorders.

(1) Any examinee diagnosed by a psychiatrist, clinical psychologist, or UMO as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for submarine disqualification at the time of initial diagnosis. Waiver request may be submitted per section V.

(2) Those personnel with diagnosed suicidal ideation will have their cases reviewed, as a minimum, by the type commander (TYCOM) medical officer, if a UMO, for fleet personnel, or MED-21 if at a shore establishment, to determine the necessity for disqualification or return to duty. Personnel with suicidal gestures or attempts will be recommended for submarine disqualification. Waivers will be considered on in individual basis per section V.

(3) Those personnel with minor psychiatric disorders such as acute situational stress reactions will be evaluated by the local group or squadron UMO in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly, and without significant psychotherapy can be found fit for submarine duty by the responsible local UMO, if deemed appropriate. Those cases in which confusion exists must be reviewed by the TYCOM

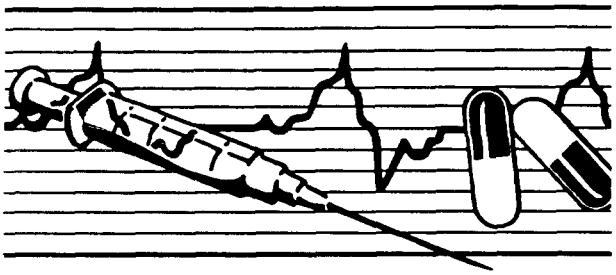
medical officer, if a UMO, for fleet personnel, or MED-21 for shore-based personnel. It must be stressed that any consideration for return to duty in these cases must address the issue of whether the service member, in the written opinions of the UMO and the member's commanding officer, can successfully return to the specific stresses and environment of submarine duty.

(j) ***Dental***. All dental treatment should be completed prior to transfer of the member for training or sea duty (see article 15-30).

(1) Indications of, or currently under treatment for, any acute infection disease of the soft tissues of the oral cavity.

(2) Candidates for basic submarine school must be classified by a dental officer as Class I or II (see article 6-101) prior to executing such orders.

(3) Medically indicated conditions requiring extensive or prolonged followup which could not be completed due to the training or operational requirements of member's assignment, e.g., orthodontics.



(k) ***Systemic Diseases and Miscellaneous Conditions***

(1) Allergic or atopic manifestations which require allergy immunotherapy.

(2) A member, on submarine duty, who develops allergies which require immunotherapy will be considered for waiver if:

(a) Therapy is not for stinging venomous insects.

(b) AIT injections may be discontinued while the ship is underway.

(c) The member's AIT kit is kept at the squadron or group medical department and used under the supervision of a medical officer in a facility where emergency care can be provided for anaphylaxis.

(3) History of migraine headaches that are recurrent, incapacitating, or require the chronic use of medications for control.

(3) ***Special Studies***. In addition to the special studies required in article 15-9, also perform a standard chest x-ray within preceding 6 months, on initial application and when clinically indicated.

(4) Periodicity. Medical examinations will be conducted per article 15-11.

15-70 Nuclear Field Duty (Nuclear Power/ Nuclear Weapons)

(1) ***Purpose***. To ensure personnel assigned to nuclear field duty and candidates for training leading to such assignment are physically qualified.

(2) ***Additional Standards***. Must meet the general duty standards and those listed in article 15-68. Additionally, the following are cause for rejection:

(a) ***Ears***

(1) Demonstrated inability to communicate and perform duty.

(2) Must have bilateral hearing.

(b) ***Eyes***. Defective color vision. Screening will be conducted with the FALANT. Waivers will be considered for personnel who can demonstrate a functional ability to discern color associated with their work environment, such request will include a statement from the operational supervisor or superior and the results of the FALANT.

(c) ***Psychiatric***. Because of the potential for misuse of devices and sources emitting ionizing radiation, the psychological fitness of applicants must be carefully appraised by the examining physician. The objective is to elicit evidence of tendencies which militate against assignment to these critical duties. Among these are below average intelligence, lack of motivation, unhealthy motivation, history of personal ineffectiveness, difficulties in interpersonal relations, a history of irrational behavior or irresponsibility, lack of adaptability, or documented personality disorders.

(1) Any examinee diagnosed by a psychiatrist, clinical psychologist, or UMO as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for disqualification at the time of initial diagnosis. Waiver request may be submitted per section V.

(2) Those personnel with diagnosed suicidal ideation must have their cases reviewed, as a minimum, by the TYCOM medical officer for fleet personnel, or MED-21 for shore based personnel, to determine the necessity for disqualification or return to duty. Personnel with suicidal gestures or attempts will be recommended for nuclear field

disqualification. Waivers will be considered on an individual basis per section V.

(3) Those personnel with minor psychiatric disorders such as acute situational stress reactions must be evaluated by the local group or squadron medical officer in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly, and without significant psychotherapy can be found fit for nuclear field duty by the responsible medical officer, if deemed appropriate. Those cases in which confusion exists, require review by the TYCOM medical officer for fleet personnel, or MED-21 for shore based personnel. Any consideration for return to duty in these cases must address the issue of whether the service member, in the opinion of the medical officer and the member's commanding officer, can successfully return to the specific stresses and environment of nuclear field duty.

(4) Personnel entering the Nuclear Weapons Program must also meet the requirements for the Personnel Reliability Program, OPNAVINST 5510.162 series.

(d) Migraine Headaches. History of migraine headaches that are recurrent, incapacitating, or require the chronic use of medications for control.

15-71 Naval Aviation Water Survival and Rescue Swimmer School Training Programs

(1) ***Purpose***. To ensure all personnel assigned duties as students, instructors, or designated rescue swimmers are physically qualified for such assignment.

(2) ***Additional Standards***. Standards in section III apply with the following modifications as cause for rejection:

(a) ***Vision***

(1) ***Surface Rescue Swimmer Candidates***. Uncorrected vision, near and distant, worse than 20/100 in either eye. Must correct to 20/20 in each eye.

(2) ***Designated Surface Rescue Swimmer***. Uncorrected vision, near and distant, worse than 20/200 in either eye. Must correct to 20/20 in each eye.

(3) ***Naval Aviation Water Survival Training Program.*** Instructor (NAWSTPI) An uncorrected vision is acceptable but must correct to 20/20 in the better eye and 20/40 in the worse eye.

(b) ***Psychiatric***. Because of the rigors of the high risk training and duties they will be performing, the psychological fitness of applicants must be carefully appraised by the examining physician. The objective is to elicit evidence of tendencies which militate against assignment to these critical duties. Among these are below average intelligence, lack of motivation, unhealthy motivation, history of personal ineffectiveness, difficulties in interpersonal relations, a history of irrational behavior or irresponsibility, lack of adaptability, or documented personality disorders.

(1) Any examinee diagnosed by a psychiatrist or clinical psychologist as suffering from depression, psychosis, manic-depression, paranoia, severe neurosis, severe borderline personality, or schizophrenia will be recommended for disqualification at the time of initial diagnosis.

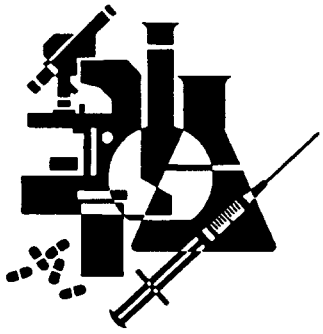
(2)Those personnel with minor psychiatric disorders such as acute situational stress reactions must be evaluated by the local medical officer in conjunction with a formal psychiatric evaluation when necessary. Those cases which resolve completely, quickly, and without significant psychotherapy can be found fit for continued duty. Those cases in which confusion exists, require review by the TYCOM medical officer for fleet personnel, or MED-21 for shore based personnel. It must be stressed that any consideration for return to duty in these cases must address the issue of whether the service member, in the opinion of the medical officer and the member's commanding officer, can successfully return to the specific stresses and environment of surface rescue swimmer duty.

(3) ***Special Requirements***

(a) Surface designated rescue swimmer school training program instructors (RSSTPI), surface rescue swimmers, candidate and designated, will have their physical examination conducted by any privileged provider under the guidance and periodicity provided in section I.

(b) Naval Aviation Water Survival Training Program instructor (NAWSTPI) and aviation designated (RSSTPI) will have their physical examinations performed by a FS or AMO, and will be examined following article 15-62(2)(g).

(c) Waiver request will be forwarded to BUMED (MED-21) following section V.



15-71A Landing Craft Air Cushion (LCAC)Crew Medical Standards

(1) **Purpose**. To select for LCAC crew duty only those individuals who are physically and mentally qualified for that duty and to exclude those who may become unfit because of preexisting physical or mental defect.

(2) **General**. LCAC crew personnel include all individuals who, in the performance of their duties, are required to make operational or training missions aboard LCAC or any other U.S. Navy air cushion vehicle. LCAC crew personnel are divided into three classes:

(a) ***Class I.*** *Crew personnel engaged in the actual control of the LCAC, which includes the craft master and engineer, as well as the student craft master and the student engineer.*

(b) ***Class IA***. Crew personnel engaged in navigation of the LCAC, but not responsible for actual control of the craft, to include the navigator and student navigator.

(c) ***Class II.*** Crew personnel not engaged in the actual control of the LCAC, which includes load master, and deck mechanic, as well as student load master, and student deck mechanic.

(3) **Scope of Examination**. Class I and Class IA LCAC crew candidates must meet the standards in article 15-71A(5) and (6). Class II LCAC crew candidates must meet the standards in articles 15-71A (7). Conditions listed as disqualifying (see art. 15-71A(5), (6), and (7)) may be waived. However, additional medical tests, consultations, etc. are necessary in to confirm that no functional impairment is present or likely to occur (see art. 15-71A(9)).

(4) **Examination Requirements**

(a) ***Class I (Craftmaster, Engineer) Candidates***. All Class I LCAC crew candidates will undergo an entrance physical examination at the designated LCAC medical exam ination center, the NAVAEROSPMEDINST (NAMI Code 26 before acceptance into Phase I of the LCAC training prc gram. An SF-88 and SF-93 must be completed for all LCAC crew physical examinations. Class I candidates require psy chomotor testing in addition to a physical examination. These psychomotor examinations will be performed in addition to the entrance physical examination at NAMI (Code 26). Candidates will be designated either:

(1) Physically qualified (PQ).

(2) Not physically qualified (NPQ).

(3) NPQ but waiver recommended.

(b) ***Class IA (Navigator) Candidates***. All Class IA LCAC crew candidates will undergo an entrance physical examination at a sufficiently equipped military medical facility before acceptance into Phase I of the LCAC training program. An SF-88 and SF-93 must be completed for all LCAC crew physical examinations. Candidates will be designated either:

(1) Physically qualified (PQ).

(2) Not physically qualified (NPQ).

(3) NPQ but waiver recommended.

(c) ***Class II (Loadmaster, Deck Mechanic) Candidates.*** Candidates for Class II LCAC crew training must meet current medical standards for transfer and sea duty following the Enlisted Transfer Manual (ETM).

(5) **Class I (Craftmaster, Engineer) LCAC Crew Candidate Physical Examination and Standards**

(a) ***General Examination.*** Except as modified by this article, the basic physical examination and standards for acceptance as an LCAC crew candidate are the same as those for enlistment.

(b) ***Additional Standards.*** In addition to general enlistment standards, presence or history of any of the following will be considered disqualifying for all LCAC duties, unless waived by proper authority (see art. 15-71A(9)).

(1) ***Ears, Nose, and Throat (ENT)***

(a) Seasonal allergic rhinitis requiring medication or allergy immunotherapy for control.

(b) Recurrent attacks of vertigo (no waiver).

(c) Chronic or recurrent otitis externa or media.

(2) ***Eyes.*** Any ophthalmologic disorder that causes or that may progress to significantly degraded visual acuity.

(3) Lungs and Chest Wall. Recurrent spontaneous pneumothorax.

(4) ***Heart and Vascular***

(a) History of cardiac surgery.

(b) Paroxysmal tachycardia or history thereof.

(c) Ventricular tachycardia.

(5) ***Abdominal Organs and Gastrointestinal (GI) System***

(a) Peptic ulcer, gastric ulcer, or history thereof.

(b) Gastrointestinal hemorrhage or history thereof.

(c) Cholelithiasis.

(6) ***Endocrine and Metabolic Disorders***. Hypoglycemia or history of any postprandial symptoms resembling those of postprandial syndrome (e.g., postprandial tachycardia, sweating, fatigue, or change in mentation).

(7) ***Genitalia and Genitourinary (GU) System.*** Recurrent renal calculus or a single episode of renal calculus with demonstrated structural abnormality or metabolic abnormality unresponsive to dietary therapy. A renal stone/metabolic workup must be performed if a history is given of a single prior episode of renal calculus with no other complicating factors.

(8) ***Extremities.*** Instability or restricted range of motion of the upper or lower extremities that could interfere with normal operation of foot pedals or ability to function in the LCAC environment.

(9) ***Spine***

(a) Chronic or disabling back pain or history thereof.

(b) Herniated nucleus pulposus (HNP) or history thereof.

(c) Scoliosis with greater than 30 degrees thoracic or 20 degrees lumbar curvature.

(10) ***Neural Disorders***

(a) History of unexplained or recurrent syncope.

(b) History of convulsive seizures of any type (except single simple seizure associated with febrile illness before age 5).

(c) Narcolepsy or history thereof.

(d) Any complicated head injury as outlined in section III of this chapter, including history of posttraumatic unconsciousness of 24 hours or more in duration, posttraumatic amnesia, penetrating head injury, or impaired judgement for 48 or more hours after injury.

(e) Encephalitis occurring 3 years or less prior to examination, meningitis occurring within 1 year of examination, or either disease resulting in neurological sequelae or abnormal neurologic examination.

(f) History of recurrent, incapacitating headache or facial pain or any headache associated with impairment of motor, sensory, visual, or other neurologic function.

(11) ***Psychiatric***

(a) Any history of psychosis, eating disorder, or AXIS II disorder of the DSM-IIIR must be disqualifying (no waivers).

(b) Other major AXIS I disorders including mood, anxiety, and somatoform disorders must be considered disqualifying but waiverable if the individual has been symptom free without treatment for at least 1 year.

(c) Alcohol or drug abuse - disqualifying. Upon satisfactory completion of accepted substance abuse program and total compliance with aftercare program, a waiver may be considered providing 1 year has elapsed post treatment. Continuation of a waiver would be contingent upon continued compliance with aftercare program as well as total abstinence.

(d) Any evidence of anticipated poor adaptability to LCAC duty conditions (claustrophobia, questionable judgement or affect, or poor stress coping skills) is considered disqualifying and requires a psychiatric consultation to consider waiver.

(12) ***Systemic Disease and Miscellaneous Conditions.***

(a) Motion sickness, severe or incapacitating, or history thereof.

(b) Recurrent or chronic joint pain or swelling or diagnosed arthritis.

(c) History of heat pyrexia (heat stroke), or documented predisposition to this condition (including disorders of sweat mechanism), or any history of malignant hyperthermia.

(c) ***Clarification of Procedures and Standards.***

(1) ***General Fitness/Medications.*** A notation will be recorded on the SF-88 and SF-93 for individuals receiving medications on a regular basis or within 24 hours of the LCAC examination. In general, individuals requiring medications or whose general fitness might affect their LCAC control proficiency shall not be found qualified for duty aboard the LCAC. Record in box 77 of the individual's SF-88 (e.g., *NPQ-LCAC Duty*).

(2) ***Height and Weight.*** All candidates will meet acceptable body fat percentages as per OPNAVINST 6110.1 series. The maximum acceptable body fat percentages for males is 22 percent and for females is 30 percent.

(3) ***Cardiovascular System***. History or presence of cardiac arrhythmia, heart murmur, or other evidence of cardiac abnormality is cause for medical referral for clearance for LCAC duty.

(4) ***Blood Pressure and Pulse Rate***

(a) ***Blood Pressure***. Blood pressure is determined first after the examinee has been supine for at least 5 minutes and second after standing motionless for 3 minutes. A persistent systolic blood pressure of 140 mm or more is disqualifying, and a persistent diastolic blood pressure of 90 mm or more is disqualifying.

(b) ***Pulse Rate***. Pulse rate is determined first after the examinee has been recumbent at least 5 minutes and second after standing motionless for 3 minutes (both determinations to coincide with the measurement of blood pressure). An ECG must be obtained in the presence of a relevant history, arrhythmia, or pulse of less than 50 or greater than 110. Resting pulse shall not persistently exceed 100; standing pulse shall not exceed 110.

(5) ***Electrocardiogram (ECG)***. All candidates must have a 12-lead standard ECG performed at the time of their entrance physical examination. The baseline ECG must be marked *Not To Be Removed From Health Record* and must be retained in the individual's health record until that record is permanently closed. Each baseline ECG, or copy thereof, shall bear adequate identification data including the individual's full name, grade or rate, social security number, and designator.

(6) ***Teeth***

(a) Dental Class 1 and Class 2 are considered as qualifying.

(b) If a candidate is dental Class 3 due only to periodontal status not requiring surgery, the candidate will be accepted as qualified after obtaining a dental waiver.

(7) ***Articulation***. Candidates must speak clearly and distinctly without accent or impediment of speech that would interfere with radio conversation. Use the Read Aloud Test in art. 15-23 for this determination.

(8) ***Mental Health Review***. A mental health review covering the psychiatric items in art. 15-71A(5)(b)(11) and any other pertinent personal history items must be conducted by the medical officer responsible for that candidate's physical examination. A psychiatric referral is not required to obtain this history. This general mental health review will determine the individual's basic stability, motivation, and capacity to maintain acceptable performance under the special stresses encountered during LCAC operation.

(9) ***Neurological Examination***. A careful and complete neurological examination must be made. Any neurologic defect which may interfere with LCAC duty requires a neurology consultation.

(10) ***Distant Visual Acuity***. For the entrance physical examination, determine visual acuity by using a 20-foot eye lane with standard Goodlite letters. The Armed Forces Vision Tester (AFVT) is an alternate acceptable method. If corrective lenses are necessary for LCAC duty, the LCAC crew personnel must be issued the approved lens-hardened eye glasses for proper interface with operational headgear (i.e., aviation frames). A spare pair of corrective lenses must be carried at all times during operations. For Class I personnel, minimum distant visual acuity must be no less than 20/100 uncorrected each eye and correctable to 20/20 each eye. If correction is necessary for LCAC personnel, corrective lenses must be worn at all times during LCAC operation.

(11) ***Near Visual Acuity***. The AFVT or the near vision testing card must be used to test near vision. A minimum near vision acuity of 20/200 in each eye, correctable to 20/20, is acceptable. If correction is necessary, corrective lenses must be worn at all times during LCAC operations.

(12) ***Refraction***. Refraction of the eyes must be required on the initial candidate screening examination if the candidate requires corrective lenses to meet the visual acuity standards. For Class I personnel, acceptable limits are $\pm$5.5D in any meridian. The difference in the refractive errors in any meridian of the two eyes (anisometropia) may not exceed 3.5D. Cylinder correction may not exceed 3.0D.

(13) ***Depth Perception***. This test should be performed using a Verhoeff stereopter. Pass-Fail standards per art. 15-65 (7) must be followed. Normal depth perception is acceptable (aided or unaided). If visual correction is necessary for normal depth perception, corrective lenses must be worn at all times during LCAC operation.

(14) ***Oculomotor Balance***. The vertical and lateral phorias may be tested with the phorometer or with the AFVT. Any lateral phoria greater than 10 prism diopters is disqualifying (greater than 6 prism diopters requires an ophthalmologic consultation). Any vertical phoria greater than 1.5 prism diopters is disqualifying (any vertical phoria greater than 1.0 prism diopters should receive an ophthalmologic consultation).

(15) ***Inspection of the Eyes***. Follow art. 15-65(7). The examination must include a fundoscopic examination. Any pathological condition that might become worse or interfere with the proper functioning of the eyes under fatigue or LCAC operating conditions shall disqualify the candidate.

(16) ***Color Vision***. Class I crew personnel must pass the Farnsworth Lantern Test.

(17) ***Night Vision***. Any indication or history of night blindness disqualifies the candidate due to the importance of night vision to LCAC operations.

(18) ***Field of Vision***. Normal fields should be full to confrontation, see art. 15-40. Any visual field defect should receive ophthalmologic referral to rule out underlying pathology.

(19) ***Intraocular Tension***. Schiotz, noncontact ("air puff"), or applanation tonometry must be used to measure intraocular tension. Tonometric readings consistently above 20 mm Hg Schiotz in either eye, or a difference of 5 mm Hg Schiotz between the two eyes, should receive an ophthalmologic referral for further evaluation. This condition is disqualifying until ophthalmologic evaluation has been completed. Subsequent medical clearance is based on said ophthalmologic evaluation.

(20) ***Ears***. Follow article 15-39(1). General enlistment standards in article 15-39 are accepted as candidate standards, with the exception of audiometric standards. Any disqualifying acute ear disease or disorder by those standards disqualifies the candidate.

(21) ***Hearing Tests***. An audiogram is required for all LCAC Class I candidates. An audiogram will also be performed within 90 days of reporting to the assigned assault craft unit, and annually thereafter. Audiometric loss in excess of the following limits for each frequency disqualifies the candidate.

Maximum Hearing Loss (ANSI 1969)

Freq (Hz)	Better Ear (dB)	Worse Ear (dB)
500	35	35
1000	30	50
2000	30	50

(22) ***Equilibrium***. Use the self-balancing test (SBT). The examinee stands erect, without shoes, with heels and large toes touching. The examinee then flexes one knee to a right angle, closes the eyes, then attempts to maintain this position for 15 seconds. The results of the test are recorded as "steady," "fairly steady," "unsteady," or "failed." Inability to pass this test for satisfactory equilibrium disqualifies the candidate.

(6) ***Class IA (Navigator) Candidate Physical Examination and Standards***

(a) ***General Examination***. Except as modified by this article, the basic physical examination and basic physical standards for acceptance as an LCAC crew candidate are the same as those prescribed for enlistment.

(b) ***Additional Standards for Class IA personnel.*** The additional physical standards required for Class I personnel are also required for Class IA. The following exceptions apply:

(1) As stated in article 15-71A(4)(b), the entrance physical examinations for Class IA personnel may be performed at any sufficiently equipped and staffed military medical facility, and are not limited to designated LCAC medical examination centers.

(2) Psychomotor testing is not required for Class IA crew candidates.

(3) Distant Visual Acuity: Minimal uncorrected distant visual acuity for Class IA personnel must be no less than 20/200 each eye, correctable to 20/20. If correction is necessary, corrective lenses must be worn at all times during LCAC operations.

(7) **Class II (Loadmaster, Deck Mechanic) Candidate Physical Examination and Standards.** The basic physical examination standards for enlistment are acceptable for Class II LCAC crew candidates. However, each LCAC crew candidate must have a current (within 5 years) physical examination on record and the candidate must meet the physical requirements for general duty. The presence or history of any medical problems will be considered disqualifying for Class II LCAC duties, unless waived by proper authority (see art. 15-71A(9)).

(8) **Development of Mandatory Requirements for LCAC Crew Members Who Have Been Medically Suspended From LCAC Duty**

(a) There are currently no standards regarding LCAC crew members medically suspended for an extended period from LCAC operations to (1) declare them NPQ from LCAC duty or (2) to make it mandatory for that member to request a medical waiver for the condition causing prior suspension.

(b) Recommend setting 30 days as a time limit for limited or medically restricted duty after which the crew member must be evaluated by a medical officer to determine whether that individual is NPQ for LCAC duty, should be recommended for a medical waiver (see art. 15-71A(9)), or should undergo a medical board.

(9) ***Medical Waiver Requests***

(a) ***Class I LCAC Crew Candidates***. Forward medical waiver requests for Class I crew candidates to the Bureau of Naval Personnel (PERS-409C) from the Naval Aerospace Medical Institute (NAMI, Code 26). A copy of all approved waivers must be sent from PERS-409C to NAMI (Code 26) for archival purposes.

(b) ***Class IA & II LCAC Crew Candidates.*** Forward medical waiver requests for Class IA and Class II crew candidates to PERS-409C via the TYCOM medical officer. A copy of Class IA and Class II approved waivers must be sent from PERS-409C to NAMI (Code 26) for archival purposes.

(c) ***Medically-suspended LCAC Crew Personnel***. Forward medical waiver requests for LCAC crew personnel who are medically suspended to the TYCOM medical officer via the chain of command. The TYCOM medical officer must evaluate and approve medical waiver requests for designated LCAC crew personnel (as opposed to LCAC crew candidates). A copy of the TYCOM medical officer's final decision, either an approval or disapproval, concerning the waiver request will be forwarded to NAMI (Code 26) for archival purposes.

(10) **Periodic Physical Examinations**

(a) All LCAC Class I and Class IA crew personnel will undergo a complete physical examination (using SF 88 and SF 93) within 30 days of the anniversary of their birth at ages 21, 24, 27, 30, 33, 36, and 39 and annually thereafter.

(b) All LCAC Class II personnel will undergo a complete physical examination within 30 days of the anniversary of their birth every 5 years.

(11) **Reporting Attrition of LCAC Crew Personnel.** Critical to the evolution of the LCAC crew evaluation process is the development of accurate personnel data bases, in particular, attrition of LCAC crew personnel. Therefore, all such attritions, medical and nonmedical, are to be reported to NAMI (Code 26) for archival purposes.

15-71B Explosives Handlers and Explosives Vehicle Operators

(1) ***Purpose***. Medical examinations of explosive handlers and Hazardous Material Vehicle Operators are conducted to ensure civilian employees and active duty personnel who handle explosives or operate vehicles or machinery which transport explosive or other hazardous material are physically qualified. Members who are qualified under this section meet the physical qualification requirements of the Federal Highway Administration, DOT, CFR Part 391.

(2) ***Responsibilities.*** Individuals assigned to duties as operators of vehicles which transport hazardous materials are responsible to report to their supervisor or Medical Department personnel any physical condition which may pose a health or safety hazard to self, coworkers, or degrades the

safety of the working environment. Supervisors of personnel assigned as explosives handlers and hazardous material drivers are responsible to direct employees thought to have a physical impairment which may pose a health or safety hazard, to the appropriate medical department for examination.

(3) ***Additional Standards***. Active duty members must meet the standards of MANMED, chapter 15, section III with particular emphasis on the systems below. Civilian personnel must meet the general standards for employment as provided by the Office of Personnel Management and the standards listed below. Navy Explosive Ordinance Disposal personnel must also meet the requirements of article 15-66. Civilian contract carriers need only be qualified per Title 49, Code of Federal Regulations, part 391. In addition to the standards of section III, the following are causes for rejection:

(a) ***Ears.*** Hearing loss in either ear averaging more than 40 dB at 500, 1000, and 2000 Hz (ANSI) with or without hearing aid.

(b) ***Eyes***

(1) ***Vision***

(a) Distant visual acuity that does not correct to at least 20/40 in each eye.

(b) For active duty military, visual fields outside the minimums listed in article 15-40(1)(i). For civilian personnel, field of vision of at least 70 degrees in the horizontal meridian in each eye.

(2) ***Color Perception.*** For active duty military, inability to pass the FALANT. If FALANT is not available at the examining facility, the Pseudoisochromatic Plate (PIP) test may be used as a screening examination. Failure of the PIP requires a FALANT be conducted and recorded. A member may be considered qualified if they fail the FALANT but can satisfactorily demonstrate the ability to distinguish the colors of traffic signals and devices showing standard red, green, and amber. For civilian employees FALANT is the recommended form of testing, but the member must be able to distinguish the colors of traffic signals and devices showing standard red, green, and amber.

(c) ***Lungs and Chest Wall***. Must meet the standards of MANMED, article 15-41.

(d) ***Heart and Vascular System***

(1) Medical history or clinical diagnosis of: myocardial infarction, angina pectoris, coronary insufficiency, thrombosis or any other variety of cardiovascular disease known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

(2) High blood pressure not adequately controlled by diet or medication.

(e) ***Musculoskeletal***

(1) ***Extremities***

(a) Loss of foot, leg, hand, or arm.

(b) Impairment of hand or finger which interferes with grasping.

(c) Impairment of foot, leg, hand, arm, or any other limb which interferes with the ability to perform assigned duties.

(2) Musculoskeletal System. Any medical history or clinical diagnosis of: rheumatic, arthritic, orthopedic, muscular, or neuromuscular disease or impairment which interferes with the safe performance of assigned duties.

(f) ***Neurologic***. Medical history or clinical diagnosis of: Epilepsy, recurrent syncope, or any condition which is likely to cause loss of, or altered states of consciousness.

(g) ***Psychiatric***

(1)Any mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the safe performance of assigned duties.

(2) Diagnosis of alcoholism. Recovering alcoholics with a minimum of 1 year of sobriety are NOT considered disqualified.

(3) Use of a Schedule I drug, amphetamine, narcotic, or any other habit-forming drug or substance (excluding tobacco). Use is not disqualifying if the substance or drug is prescribed by a licensed medical practitioner who has advised the member that the prescribed drug will adversely affect the member's ability to safely perform assigned duties.

(h) ***Special Studies***. The following special studies are required.

(1) Hematocrit

(2) Fasting blood glucose

(3) Lipid profile and triglycerides (required for active duty, only if clinically indicated for civilian personnel)

(4) Urine, routine analysis

(5) Eye examination

(6) Tonometry if over age 40 (required for active duty, only if clinically indicated for civilian personnel)

(7) Audiogram

(8) Electrocardiogram

(i) ***Periodicity***

(1) Active duty military personnel who are explosive handlers or hazardous material vehicle operators will have a medical examination per the periodicity in article 15-11.

(2) Civilian employees who are explosives handlers or hazardous material vehicle operators will have a medical examination every 2 years.

(3) After age 60, all personnel will have annual medical examinations.

Section V
PHYSICAL DEFECTS AND WAIVERS

15-72 Physical Defects

(1) The term physical defect is intended to include all defects, disorders, disabilities, or conditions which may be of significance in determining an applicant's physical qualification to perform the duties of grade, rating, or special qualification.

(2) All physical defects which have been noted will be recorded on the medical examination form. Each defect must be recorded in sufficient detail to show clearly its character, degree, and significance.

(3) If found NPQ, the cause or causes must be clearly established and recorded so as to be conclusive regarding the propriety of the rejection. Symptoms of disease are not to be noted as cause of disqualification if it is possible to arrive at a definite diagnosis. The member must be notified and provided an opportunity to rebut these findings in the Health Record, preferably on an SF-600.

(4) The various lists of defects are not intended to be all inclusive. They contain the most frequently occurring causes of being found NPQ for performance of duties and indicate the type of defects which are to be considered disqualifying.

15-73 Relative Significance of Physical Defects

(1) ***Waiver Not Required***. When the examiner, after evaluating a defect not specifically addressed in this chapter, considers it to be of little present or future significance and not to be disqualifying, the examiner need only record and describe the defect on the report of medical examination, then annotate the defect NCD.

(2) ***Waiver Required***. When a defect is considered to be disqualifying per the standards, but is of such nature as not to preclude the performance of duty, a waiver may be requested.

(3) ***Waiver Not Appropriate***. A waiver is not considered appropriate when a defect might constitute a menace or jeopardize health, general welfare, or safety or is of such a nature that the individual could not reasonably fulfill the purpose of employment in the naval service.

15-74 Procedure for Recommending Waiver

(1) ***General***. When preparing waiver requests, sufficient information about the medical condition or defect must be provided to permit reviewing officials to make an informed assessment of the request itself, and place the request in the context of the duties of the service member. Most delays involving waiver requests result from inadequate or insufficient information submitted regarding the defect, or inadequate information about the position or program in which the service member is participating.

(2) ***Personnel Authorized to Request Waivers***

(a) Commanding officer of the member, or of a hospital or clinic; examining or responsible medical officer; or, the service member may request a waiver.

(b) In certain cases the initiative to request or recommend a waiver will be taken by BUMED, CNRC, CMC, or BUPERS. In no case will this initiative be taken without informing the local command.

(3) ***Waiver Requests***. At a minimum, waiver requests will include a description of the defects in the appropriate sections of the SF-88, summarized in the diagnosis section, and the examiner's recommendation entered in item 75 of the SF-88. If additional space is needed use a continuation form. Also, the words WAIVER RECOMMENDED will be stamped, printed, or typed in bold letters on the upper right margin above item 3 of the SF-88. The commanding officer or officer in charge of the examining facility may indicate by forwarding an endorsement, agreement, or disagreement with the recommendations of the medical examiner. Final action on all recommendations for waiver of the physical standards is taken by BUPERS, CNRC, or CMC, as appropriate, upon the recommendation of BUMED. Until waiver determination is made, the status of examinees already qualified for duty will be determined by the examinee's commanding officer based on the recommendation of the cognizant medical officer. Applicants may not be processed for transfer until a written waiver has been received from the appropriate waiver authority and made part of the permanent Health Record.

(4) ***Conditional Waivers***. For the special circumstances involving physical examinations incident to the assignment of a Navy or Marine Corps reservist to active duty, a conditional waiver may be granted for any defects which in all probability will not interfere with the member's performance on the active list including active duty for training in excess of 30 days (excluding active duty for training of 30 days or less and involuntary training duty of 45 days). The conditional waiver carries with it the authority to consider the member physically qualified for active duty, including active duty for training in excess of 30 days, prior to final review of the records. When granted, the member will be so advised and the conditional waiver will be reported on the reverse of the SF-88. The reporting procedure is the same as any recommendation for waiver.

(5) ***Limitation of or Restrictions on Waivers***. Waiver requests for service members qualified for a special duty or program, who develop physical defects that exceed medical standards for their program or special duty, may be recommended for continuation of their duties in a limited or restricted status.

(6) ***Special Warfare, Diving or Any Hyperbaric Duty, Submarines***

(a) Regardless of who submits a waiver request, it must be forwarded via the chain of command. At each echelon in the chain of command a medical officer, if assigned, must review and comment on the waiver request.

(b) Upon proper request and with appropriate documentation a limited or restricted waiver may be recommended. To illustrate, a waiver could be recommended for a person who would not be expected to return for duty on board a submarine in remote waters. The individual could be required to embark on a submarine underway in local waters for short periods of time, e.g., weekly ops, on a temporary additional duty (TAD) status, where there is no risk to true operational missions. The modifying stipulations must be stated on the limited or restricted waiver recommendation and approval.

(1) To be considered most strongly is the risk of morbidity to the individual upon reoccurrence of the condition at sea or in the field.

(2) These waivers will be processed by the administrative chain of command, including BUMED recommendation and BUPERS or CMC approval.

(c) Request for phone or message waivers due to impending deployments may be made to BUMED, if there is agreement of the member's commanding officer, unit medical officer, and TYCOM medical officer.

(1) In all instances where an interim phone or message waiver is granted, all supporting medical documentation will be submitted to BUPERS via the chain of command and BUMED at the earliest possible time.

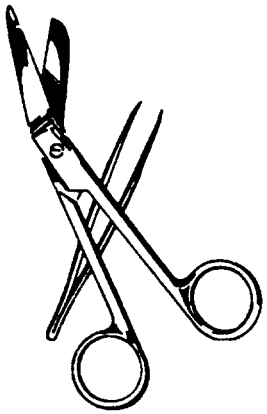
(2) When an interim phone waiver is granted it must be recorded on an SF-600 and placed in the individual's Health Record.

(7) ***Aviation Duty***. Should any aviation personnel fail to meet the standards for the type of duty assigned and the physical defect is expected to exist or has existed for greater than 30 days, a waiver of physical standards may be requested.

(a) Waiver requests for members of the reserves and reaffiliation waiver requests must be submitted to BUPERS via the CO and CNARF.

(b) If an individual is found medically disqualified for aviation duty, the examining flight surgeon will complete an SF-88 and SF-93 which must state the initial date of incapacitation, total estimated duration of incapacitation, and whether or not a waiver of the physical standards is recommended. All medical documentation regarding the disqualifying defect will be included with the waiver request.

(c) The waiver request must include the service member's current designation, qualifications, the nature of currently assigned duties, and what restrictions to duty (if any) are being requested (e.g., Service Group III, continental United States (CONUS) only, patrol maritime only, etc.). These requests will be forwarded to BUPERS or CMC via the NAVAEROSPMEDINST (Code 42).



15-75 Special Examination Requirements

(1) All naval medical examining facilities and examiners are directed to ensure that SF-88s and SF-93s are complete and contain an adequate evaluation of each defect noted, prior to submission of the reports to responsible reviewing authorities. This must include current consultations, laboratory reports, tissue reports, narrative summaries, operation reports, interval and summary physician reports, and medical boards.

(2) This article establishes guidelines relative to the additional medical information often required in connection with the medical examination.

(3) The following conditions, defects, and items of personal history will be thoroughly evaluated as indicated below.

ALBUMINURIA. A 24-hour urine tested for albumin. Report positive findings of albumin in mg percent.

AMPUTATION. Submit photographs and current orthopedic consultation demonstrating adequate functional capacity.

REACTIVE AIRWAY DISEASE (ASTHMA). Subsequent to age 12. Detailed report of reactive airway disease (asthma) and other atopic and allergic conditions of the examinee and their family and a statement from examiner on (1) number and approximate dates of attacks of bronchospasm or other allergic manifestations; (2) signs, symptoms, and duration of each attack; and (3) type and amount of bronco-dilating drugs used. Submit with PFT before, during, and after exercise, without use of bronchodilator.

BACKACHE. Back injury or wearing of back brace.Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of back. Report of appropriate x-rays to be accomplished by a qualified physician. Transcript of any treatment from cognizant physician.

BLOOD PRESSURE or PULSE ABNORMALITY. Repeated pulse and blood pressure (sitting position) readings in the a.m. and p.m. for 3-5 days without prolonged rest or any sedation. Completion of all sections of SF-88 items 57 and 58.

CONCUSSION. See HEAD INJURY.

CONVULSIONS/SEIZURES, history of. Neurological consultation and electroencephalogram plus a transcript of any treatment from cognizant physician.

DIZZINESS or FAINTING SPELLS. Neurological consultation.

ENURESIS, after age 12. Comment on applicant's affirmative reply to question bed wetting to include number of incidents and age at last episode plus a detailed report of consultation by a psychiatrist or clinical psychologist for evaluation of maturity, emotional stability, and suitability for service.

ELEVATED BLOOD SUGAR. Daily fasting blood sugar for 3 days.

FLATFOOT, symptomatic. Current orthopedic or surgical consultation with detailed report on strength, stability, mobility, and functional capacity of foot. Report of appropriate x-rays are to be evaluated by a qualified physician. Current level of physical activity must be commented on.

GLAUCOMA. Current ophthalmology consultation to include tonometry and field of vision.

GLYCOSURIA. See elevated blood sugar.

HAY FEVER. Detailed report of hay fever and other allergic conditions and a statement from the cognizant personal physician on (1) number, severity, and duration of attacks of hay fever or any other allergic manifestations, and (2) type and amount of drugs used in treatment thereof.

HEADACHES, frequent or severe. Neurological consultation.

HEAD INJURY, with loss of consciousness in past 5 years. Electroencephalogram, neurological consultation and clinical abstract of treatment from cognizant physician.

HEARING LOSS. Obtain ENT consult and a post 1-week noise free audiogram.

HEMATURIA. Medical consultation with evaluation report including appropriate laboratory studies and complete urological evaluation if examining physician believes it is indicated.

HEPATITIS. Internal medicine consultation.

JAUNDICE, in past 5 years. Serum bilirubin and liver function study.

JOINT, KNEE, internal derangement. Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of knee. Report of appropriate x-rays, together with comparative measurement of the thighs, knees, and legs, to be accomplished by a qualified physician. And, if surgically corrected, operative report and narrative summary.

JOINT, SHOULDER, dislocation. Current orthopedic consultation and report on strength, stability mobility, and functional capacity of shoulder. Report of appropriate x-rays. And if surgically corrected, operative report and narrative summary.

MALOCCLUSION, TEETH. Report of examination by a dentist with comment as to whether incisal and masticatory function is sufficient for satisfactory ingestion of the ordinary diet, and statement as to presence and degree of facial deformity with jaw in natural position.

MASTOIDECTOMY. Current ENT consultation to include audiogram and operative report and narrative summary.

MOTION SICKNESS. Detailed report of all occurrences of motion sickness (such as air, train, sea, swing, carnival ride), and the age at time of last occurrence and degree of exposure since.

NASAL POLYPS. ENT consultation, with comment as to date polyps removed if no longer present. Detailed report by cognizant physician on allergic history, manifestations, and required medication.

NEUROPSYCHIATRIC. Attempted suicide, loss of memory, amnesia, frequent trouble sleeping, depression, excessive worry, nervous trouble of any sort. A detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

SKULL FRACTURE, in past 5 years. See HEAD INJURY.

SLEEPWALKING, after age 12. Detailed comment by physician. Comment on applicant's affirmative reply to question "been a sleepwalker" to include number of incidents and age at last episode and a detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

SQUINT. Examination for degree of strabismus and presence of complete and continuous 3 dimensional degree binocular fusion. Request completion of SF-88 items 62 and 65 and notation of degree of strabismus.

STUTTERING or STAMMERING. Report of reading aloud test and a detailed report of consultation by psychiatrist for evaluation of maturity, emotional stability, and suitability for service.

TRICK KNEE. See JOINT KNEE.

URINARY TRACT STONES. Nephrology or urology consultation including a determination of etiology and composition of stone and any pertinent predisposing factors.

VERTEBRA, fracture or dislocation. Current orthopedic consultation and report on strength, stability, mobility, and functional capacity of spine. Report of appropriate x-rays to be accomplished by a qualified physician.